

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

|  |   |   |
|--|---|---|
| 1. (a) Name of Candidate (in full)<br>Charles J Melancon |   |   |
| (b) Address (number and street)<br>PO Box 549            |   | <input type="checkbox"/> Check if address changed   |
| (c) City, State and ZIP Code<br>Napoleonville LA 70390   |   | 2. Identification Number<br>H4LA03028   |
| 4. Party Affiliation<br>DEMOCRATIC PARTY                 |   | 3. Is This Statement <input checked="" type="checkbox"/> New (N) <b>OR</b> <input type="checkbox"/> Amended (A) |
| 5. Office Sought<br>House                                | 6. State & District of Candidate<br>LA 03 |   |

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 election(s).  
(year of election)

**NOTE:**This designation should be filed with the appropriate office listed in the instructions.

|  |  |  |
|--|--|--|
| (a) Name of Committee (in full)<br>Charlie Melancon Campaign Committee Inc |  |  |
| (b) Address (number and street)<br>PO Box 549                              |  |  |
| (c) City, State and ZIP Code<br>Napoleonville LA 70390                     |  |  |

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:**This designation should be filed with the principal campaign committee.

|                                 |  |  |
|---------------------------------|--|--|
| (a) Name of Committee (in full) |  |  |
| (b) Address (number and street) |  |  |
| (c) City, State and ZIP Code    |  |  |

**DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)**

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

|    |                                   |                               |
|----|-----------------------------------|-------------------------------|
| 9A | <input type="text" value="0.00"/> | for the primary election, and |
| 9B | <input type="text" value="0.00"/> | for the general election.     |

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete.

|   |                           |
|---|---------------------------|
| <b>Signature of Candidate</b><br>Charles J Melancon | <b>Date</b><br>04/08/2009 |
|---|---------------------------|

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

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|

---

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

**[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

---

(a) Name of Committee (in full)

---

(b) Address (number and street)

---

(c) City, State and ZIP Code

---