

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
Charlie Melancon Campaign Committee Inc

ADDRESS (number and street) PO Box 549
 Check if different than previously reported. (ACC)
Napoleonville LA 70390

2. **FEC IDENTIFICATION NUMBER** C00397034
CITY STATE ZIP CODE STATE DISTRICT
LA 03
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 10 04 2008 in the State of LA
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 08 18 2008 through 09 14 2008

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 Don Savoie

Signature of Treasurer Electronically Filed by Don Savoie Date 09 29 2008

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

Charlie Melancon Campaign Committee Inc

Report Covering the Period:

From:

M	M
0	8

D	D
1	8

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	9

D	D
1	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	17750.00	1397937.70
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	14600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	17750.00	1383337.70
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	12866.82	508166.89
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	4005.63
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	12866.82	504161.26
8. Cash on Hand at Close of Reporting Period (from Line 27).....	840909.32	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY 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

Write or Type Committee Name
Charlie Melancon Campaign Committee Inc

Report Covering the Period: From:

M	M
0	8

D	D
1	8

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
1	4

Y	Y	Y	Y
2	0	0	8

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	4750.00	542436.25
(i) Itemized (use Schedule A).....	0.00	24556.46
(ii) Unitemized.....	4750.00	566992.71
(iii) TOTAL of contributions from individuals..... ▶	0.00	284.72
(b) Political Party Committees.....	13000.00	830660.27
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	17750.00	1397937.70
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))		
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	4005.63
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	23291.61
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	17750.00	1425234.94

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12866.82	508166.89
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	85000.00	102167.00
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	3600.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	11000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	14600.00
21. OTHER DISBURSEMENTS.....	0.00	164925.99
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	97866.82	789859.88

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	921026.14
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	17750.00
25. SUBTOTAL (add Line 23 and Line 24).....	938776.14
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	97866.82
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	840909.32

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 22

(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)
Charlie Melancon Campaign Committee Inc

A.

Full Name (Last, First, Middle Initial)
Alan Bouterie

Mailing Address 2110 Pakenham Dr

City State Zip Code
Chalmette LA 70043-4722

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation
Self Attorney

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
08 / 27 / 2008

Transaction ID: C12026

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)
Eric Bopp

Mailing Address P.O. Box 2297

City State Zip Code
Mandeville LA 70470-2297

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation
Self Attorney

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
08 / 27 / 2008

Transaction ID: C12027

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)
James M. Poche

Mailing Address 201 W Vermilion St

City State Zip Code
Lafayette LA 70501-6847

FEC ID number of contributing federal political committee. C

Name of Employer Poche Associates Occupation
Mechanical Engineer

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
08 / 27 / 2008

Transaction ID: C12028

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) 1750.00

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 6 / 22
	<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)
Charlie Melancon Campaign Committee Inc

A.	Full Name (Last, First, Middle Initial) St. Agnes Nursing Home Partnership	Date of Receipt MM / DD / YYYY 08 / 27 / 2008
	Mailing Address PO Box 10	Transaction ID: C12016
	City Breaux Bridge State LA Zip Code 70517-0010	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Partnership Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00	Attribution Below if Itemized

B.	Full Name (Last, First, Middle Initial) Johnny Raymond	Date of Receipt MM / DD / YYYY 08 / 27 / 2008
	Mailing Address PO Box 10	Transaction ID: C12017
	City Breaux Bridge State LA Zip Code 70517-0010	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer St. Agnes Healthcare & Rehabilitation Partner Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00	[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Law Offices of Tonry and Ginart	Date of Receipt MM / DD / YYYY 08 / 27 / 2008
	Mailing Address 2114 Paris Rd.	Transaction ID: C12018
	City Chalmette State LA Zip Code 70043	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Partnership Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	Attribution Below if Itemized

SUBTOTAL of Receipts This Page (optional)	2000.00
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 / 22
	(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)
Charlie Melancon Campaign Committee Inc

A.	Full Name (Last, First, Middle Initial) Mike Ginart	Date of Receipt MM / DD / YYYY 08 / 27 / 2008
	Mailing Address 8651 W Judge Perez Dr	Transaction ID: C12019
	City State Zip Code Chalmette LA 70043-1619	Amount of Each Receipt this Period 333.34
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
	Name of Employer Occupation Law Offices of Tonry & Ginart Partner Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 333.34	

B.	Full Name (Last, First, Middle Initial) Rick Tonry	Date of Receipt MM / DD / YYYY 08 / 27 / 2008
	Mailing Address 2114 Paris Road	Transaction ID: C12020
	City State Zip Code Chalmette LA 70043	Amount of Each Receipt this Period 333.33
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
	Name of Employer Occupation Law Offices of Tonry & Ginart Partner Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 333.33	

C.	Full Name (Last, First, Middle Initial) Cullen Tonry	Date of Receipt MM / DD / YYYY 08 / 27 / 2008
	Mailing Address 2114 Paris Rd.	Transaction ID: C12021
	City State Zip Code Chalmette LA 70043	Amount of Each Receipt this Period 333.33
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
	Name of Employer Occupation Law Offices of Tonry & Ginart Partner Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 333.33	

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 22
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Charlie Melancon Campaign Committee Inc

<p>A. Full Name (Last, First, Middle Initial) Law Office of John W. Redmann</p> <p>Mailing Address 5407 McArthur Blvd.</p> <p>City State Zip Code New Orleans LA 70131</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Partnership Occupation</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt 08 / 27 / 2008</p> <p>Transaction ID: C12022</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> <p>Attribution Below if Item-ized</p>
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<p>B. Full Name (Last, First, Middle Initial) John Redmann</p> <p>Mailing Address 5407 MacArthur Blvd.</p> <p>City State Zip Code New Orleans LA 70131</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Law Offices of John Redmann Occupation Partner</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt 08 / 27 / 2008</p> <p>Transaction ID: C12023</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]</p>
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<p>C. Full Name (Last, First, Middle Initial) Nicosia, Licciardi & Nunez, LLC</p> <p>Mailing Address 1019 W. Judge Perez Ste. B</p> <p>City State Zip Code Chalmette LA 70043</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Partnership Occupation Partnership</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt 08 / 27 / 2008</p> <p>Transaction ID: C12025</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> <p>Attribution below if Item-ized</p>
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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 9 / 22	
	(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)
Charlie Melancon Campaign Committee Inc

A.

Full Name (Last, First, Middle Initial)
Lance V. Licciardi

Mailing Address 2714 Jacob Dr.

City State Zip Code
Chalmette LA 70043

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

Name of Employer Occupation
Nicosia, Licciardi & Nunez, LLC Partner

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 27 / 2008

Transaction ID: C12024

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	4750.00

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

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

FOR LINE NUMBER: PAGE 10 / 22
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Charlie Melancon Campaign Committee Inc

A. Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 VERMONT AVENUE NW
12TH FLOOR

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	5	/	2	0	0	8

Transaction ID: C12039

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)
NUCLEAR ENERGY INSTITUTE FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 1776 I Street NW 4th Flr

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00239848

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	8	/	2	0	0	8

Transaction ID: C12035

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)
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 101 Constitution Avenue NW
Suite 500 West

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	5	/	2	0	0	8

Transaction ID: C12037

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

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

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

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NAME OF COMMITTEE (In Full)
Charlie Melancon Campaign Committee Inc

A. Full Name (Last, First, Middle Initial)
LAND O'LAKES INC/AGRILIANCE LLC PAC (LOL PAC) FKA LAND O'LAKE INC PAC

Mailing Address BOX 64101

City State Zip Code
ST PAUL MN 55164

FEC ID number of contributing federal political committee. **C** C00009423

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 08 / 2008

Transaction ID: C12033

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)
Build PAC

Mailing Address 1201 15TH STREET NW

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 05 / 2008

Transaction ID: C12038

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)
CME GROUP, INC. PAC (CME/CBOT PAC)

Mailing Address 20 South Wacker Drive

City State Zip Code
Chicago IL 60606

FEC ID number of contributing federal political committee. **C** C00076299

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 27 / 2008

Transaction ID: C12029

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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 22
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)
Charlie Melancon Campaign Committee Inc

A.	Full Name (Last, First, Middle Initial) ENGPAC	Date of Receipt MM / DD / YYYY 09 / 08 / 2008
	Mailing Address 520 S. GRAND AVE. STE. 700	Transaction ID: C12032
	City State Zip Code LOS ANGELES CA 90071	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C C00088591	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6500.00

B.	Full Name (Last, First, Middle Initial) NATIONAL ASSOCIATION OF POSTAL SUPERVISORS POLITICAL ACTION COMMITTEE	Date of Receipt MM / DD / YYYY 09 / 08 / 2008
	Mailing Address 1727 King Street Suite 400	Transaction ID: C12036
	City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C C00092957	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00

C.	Full Name (Last, First, Middle Initial) MURPHY OIL CORPORATION PAC (FKA MURPHY OIL USA PAC (MURPAC))	Date of Receipt MM / DD / YYYY 09 / 08 / 2008
	Mailing Address 200 PEACH ST (71730) PO BOX 602	Transaction ID: C12034
	City State Zip Code EL DORADO AR 71731	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C C00145722	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	13000.00

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)
Charlie Melancon Campaign Committee Inc

<p>A. Full Name (Last, First, Middle Initial) Mary C. Hoffman</p> <p>Mailing Address 12537 E Sheraton Ave</p> <p>City Baton Rouge State LA Zip Code 70815-6837</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D4664</p> <p>Date of Disbursement 09 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 1187.56</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Hyatt Hotels - Denver</p> <p>Mailing Address 1750 Welton St.</p> <p>City Denver State CO Zip Code 80202</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D4661</p> <p>Date of Disbursement 08 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1389.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Hertz Rent-A-Car</p> <p>Mailing Address P.O. Box 26120</p> <p>City Oklahoma City State OK Zip Code 73126</p> <p>Purpose of Disbursement Transportation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D4659</p> <p>Date of Disbursement 08 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 121.28</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2697.84

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)
Charlie Melancon Campaign Committee Inc

A.	Full Name (Last, First, Middle Initial) The UPS Store Mailing Address 721 Government St. Ste. 103 City Baton Rouge State LA Zip Code 70802 Purpose of Disbursement Postage & Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D4678 Date of Disbursement 09 / 11 / 2008 Amount of Each Disbursement this Period 77.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Capital One Bank Mailing Address 110 Franklin St. City Napoleonville State LA Zip Code 70390 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D4654 Date of Disbursement 08 / 31 / 2008 Amount of Each Disbursement this Period 3.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Capital One Bank Mailing Address 110 Franklin St. City Napoleonville State LA Zip Code 70390 Purpose of Disbursement Merchant Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D4655 Date of Disbursement 09 / 11 / 2008 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

SUBTOTAL of Disbursements This Page (optional) ▶	115.86
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)
Charlie Melancon Campaign Committee Inc

A.	Full Name (Last, First, Middle Initial) Big Al's Seafood <hr/> Mailing Address 1377 Annuciation <hr/> City New Orleans State LA Zip Code 70301 <hr/> Purpose of Disbursement Meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D4651 Date of Disbursement 08 / 28 / 2008 <hr/> Amount of Each Disbursement this Period 364.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Perkins Coie LLP <hr/> Mailing Address ATTN: Client Accounting 1201 Third <hr/> City Seattle State WA Zip Code 98101 <hr/> Purpose of Disbursement Legal Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D4668 Date of Disbursement 09 / 11 / 2008 <hr/> Amount of Each Disbursement this Period 759.00 <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 POB 105262 <hr/> City Atlanta State GA Zip Code 30348 <hr/> Purpose of Disbursement telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D4648 Date of Disbursement 08 / 20 / 2008 <hr/> Amount of Each Disbursement this Period 215.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1338.50

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)
Charlie Melancon Campaign Committee Inc

<p>A. Full Name (Last, First, Middle Initial) Radisson Hotel - denver</p> <p>Mailing Address 3333 Quebec St.</p> <p>City Denver State CO Zip Code 80207</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D4672</p> <p>Date of Disbursement 08 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 582.30</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Radisson Hotel - denver</p> <p>Mailing Address 3333 Quebec St.</p> <p>City Denver State CO Zip Code 80207</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D4671</p> <p>Date of Disbursement 08 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 30.51</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Political Development Group LLC</p> <p>Mailing Address 499 S. Capitol St. SW Suite 412</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D4669</p> <p>Date of Disbursement 08 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 25.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

638.31

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)
Charlie Melancon Campaign Committee Inc

A.	Full Name (Last, First, Middle Initial) Political Development Group LLC	Transaction ID: D4670 Date of Disbursement 08 / 26 / 2008
	Mailing Address 499 S. Capitol St. SW Suite 412	Amount of Each Disbursement this Period 3500.00
	City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement PAC Fund raiser Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Luke Theriot	Transaction ID: D4662 Date of Disbursement 09 / 09 / 2008
	Mailing Address 2060 Myrtle Ave	Amount of Each Disbursement this Period 1206.54
	City Baton Rouge State LA Zip Code 70806	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AT&T Wireless	Transaction ID: D4649 Date of Disbursement 08 / 28 / 2008
	Mailing Address P. O. Box 650584	Amount of Each Disbursement this Period 358.62
	City Dallas State TX Zip Code 75265-0584	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement telephone Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5065.16
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)
Charlie Melancon Campaign Committee Inc

A.

Full Name (Last, First, Middle Initial)
Bolt Companies, Inc.

Transaction ID: D4652

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	8

Mailing Address POB 2267

Amount of Each Disbursement this Period

500.00

City State Zip Code
Matthews NC 28106

Purpose of Disbursement
Finance Consulting

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: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Simmons & Savoie

Transaction ID: D4674

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	8

Mailing Address PO Box 700

Amount of Each Disbursement this Period

600.00

City State Zip Code
Napoleonville LA 70390-0700

Purpose of Disbursement
Rent

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: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
De Lage Landen Financial Services

Transaction ID: D4658

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	8

Mailing Address PO Box 41601

Amount of Each Disbursement this Period

380.60

City State Zip Code
Philadelphia PA 19101-1601

Purpose of Disbursement
copier

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: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1480.60

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)
Charlie Melancon Campaign Committee Inc

A.	Full Name (Last, First, Middle Initial) Net Atlantic	Transaction ID: D4666 Date of Disbursement 08 / 28 / 2008
	Mailing Address 10 Federal St.	Amount of Each Disbursement this Period 42.00
	City Salem State MA Zip Code 01970	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fund raising list Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: D4679 Date of Disbursement 08 / 26 / 2008
	Mailing Address MSY Airport	Amount of Each Disbursement this Period 15.00
	City New Orleans State LA Zip Code 70062	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Airfare Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Bank Of America	Transaction ID: D4650 Date of Disbursement 09 / 12 / 2008
	Mailing Address 730 15th St NW	Amount of Each Disbursement this Period 803.10
	City Washington State DC Zip Code 20005-1001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Itemization below if Itemized Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	860.10
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)
Charlie Melancon Campaign Committee Inc

A.	Full Name (Last, First, Middle Initial) Murphy Oil Mailing Address 412 N. Canal City Thibodaux State LA Zip Code 70301 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D4681 Date of Disbursement 09 / 12 / 2008 Amount of Each Disbursement this Period 84.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Murphy Oil Mailing Address 412 N. Canal City Thibodaux State LA Zip Code 70301 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D4682 Date of Disbursement 09 / 12 / 2008 Amount of Each Disbursement this Period 63.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Continental Airlines Mailing Address A Airport 625 Indiana Ave City Washington State DC Zip Code 20004 Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D4680 Date of Disbursement 09 / 12 / 2008 Amount of Each Disbursement this Period 253.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

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)

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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)
Charlie Melancon Campaign Committee Inc

A.	Full Name (Last, First, Middle Initial) Delta Air Lines Inc.		Transaction ID: D4683	
	Mailing Address PO Box 20533		Date of Disbursement 09 / 12 / 2008	
	City Atlanta	State GA	Zip Code 30320-2533	Amount of Each Disbursement this Period 402.00
	Purpose of Disbursement Airfare		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]
	State: District:			

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

12196.37

**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 type="checkbox"/> 17	<input checked="" 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)
Charlie Melancon Campaign Committee Inc

A.

Full Name (Last, First, Middle Initial)
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Transaction ID: D4657

Date of Disbursement

Mailing Address 430 South Capitol Street, SE
2nd Floor

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	0	8

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

85000.00

Purpose of Disbursement
Unlimited Transfer

--

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

85000.00

TOTAL This Period (last page this line number only)

85000.00
