

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**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
LA 03

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 11 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 10 01 2008 through 10 15 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 10 23 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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
1	0

D	D
1	5

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)).....	18000.00	1465485.67
(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)).....	18000.00	1450885.67
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	3751.41	526269.33
(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)).....	3751.41	522263.70
8. Cash on Hand at Close of Reporting Period (from Line 27).....	795050.79	
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

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
 Charlie Melancon Campaign Committee Inc

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

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

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

2000.00

546736.25

(ii) Unitemized.....

0.00

24556.46

(iii) TOTAL of contributions

2000.00

571292.71

from individuals..... ▶

0.00

284.72

(b) Political Party Committees.....

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

16000.00

893908.24

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

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

18000.00

1465485.67

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

25487.55

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

18000.00

1494978.85

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3751.41	526269.33
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	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.....	47500.00	262425.99
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	51251.41	905462.32

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	828302.20
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	18000.00
25. SUBTOTAL (add Line 23 and Line 24).....	846302.20
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	51251.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	795050.79

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 17
(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)
Gavin Callais
Mailing Address 114 W 110th St
City State Zip Code
Cut Off LA 70345-3651
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Allied Shipyard, Inc Administration
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8
Transaction ID: C12101
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)
Ronald Callais
Mailing Address PO Box 596
City State Zip Code
Golden Meadow LA 70357-0596
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Allied Shipyards Owner
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00
Date of Receipt M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8
Transaction ID: C12102
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)
Bruce Callais
Mailing Address PO Box 827
City State Zip Code
Larose LA 70373-0827
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Allied Shipyard Owner
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8
Transaction ID: C12103
Amount of Each Receipt this Period 500.00
 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) 2000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 17

(check only one)

<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)
SOUTHERN COMPANY EMPLOYEES PAC

Mailing Address 241 RALPH MCGILL BLVD NE
BIN 10111

City ATLANTA State GA Zip Code 30308

FEC ID number of contributing federal political committee. C C00144774

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 0 8

Transaction ID: C12091

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)
WENDY'S INTERNATIONAL INC. POLITICAL ACTION COMMITTEE

Mailing Address 4288 WEST DUBLIN GRANVILLE ROAD

City DUBLIN State OH Zip Code 43017

FEC ID number of contributing federal political committee. C C00369090

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
1 0 / 1 3 / 2 0 0 8

Transaction ID: C12105

Amount of Each Receipt this Period 2000.00

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

C.

Full Name (Last, First, Middle Initial)
BABCOCK AND WILCOX COMPANY GOOD GOVERNMENT FUND ;THE

Mailing Address 2016 Mt. Athos Rd

City Lynchburg State VA Zip Code 24504

FEC ID number of contributing federal political committee. C C00063461

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
1 0 / 0 4 / 2 0 0 8

Transaction ID: C12090

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) 4000.00

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 7 / 17
(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 HOTEL AND LODGING ASSOCIATION PAC

Mailing Address 1201 New York Avenue NW
Sixth Floor

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00001198

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 10 / 07 / 2008
Transaction ID: C12095
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)
KELLEY DRYE COLLIER SHANNON POLITICAL ACTION COMMITTEE

Mailing Address 3050 K STREET NW SUITE 400

City WASHINGTON State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00301929

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt: 10 / 15 / 2008
Transaction ID: C12100
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)
ROHM AND HAAS EMPLOYEES ASSOCIATION FOR BETTER GOVERNMENT

Mailing Address 100 Independence Mall West

City Philadelphia State PA Zip Code 19106

FEC ID number of contributing federal political committee. **C** C00039057

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 10 / 15 / 2008
Transaction ID: C12099
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 8 / 17
(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)
Action Committee for Rural Electrification
 Mailing Address 4301 Wilson Boulevard
 City Arlington State VA Zip Code 22203-1860
 FEC ID number of contributing federal political committee. **C** C00002972
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 9500.00
 Date of Receipt: 10 / 13 / 2008
Transaction ID: C12104
 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)
CARGILL INCORPORATED POLITICAL ACTION COMMITTEE
 Mailing Address P.O. BOX 9300/DEPARTMENT 5
 DEPARTMENT 5
 City Minneapolis State MN Zip Code 55440
 FEC ID number of contributing federal political committee. **C** C00067884
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
 Date of Receipt: 10 / 04 / 2008
Transaction ID: C12096
 Amount of Each Receipt this Period: 2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF OPHTHALMOLOGISTS PAC
 Mailing Address 655 Beach Street
 City San Francisco State CA Zip Code 94109
 FEC ID number of contributing federal political committee. **C** C00196246
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 10000.00
 Date of Receipt: 10 / 07 / 2008
Transaction ID: C12094
 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) ► 9000.00
TOTAL This Period (last page this line number only) ► 16000.00

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)

<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) Capital One Bank <hr/> Mailing Address 110 Franklin St. <hr/> City Napoleonville State LA Zip Code 70390 <hr/> Purpose of Disbursement Merchant Fee 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: D4756 Date of Disbursement 10 / 14 / 2008 <hr/> 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) Continental Airlines <hr/> Mailing Address A Airport 625 Indiana Ave <hr/> City Washington State DC Zip Code 20004 <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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D4760 Date of Disbursement 10 / 09 / 2008 <hr/> Amount of Each Disbursement this Period 321.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Continental Airlines <hr/> Mailing Address A Airport 625 Indiana Ave <hr/> City Washington State DC Zip Code 20004 <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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D4759 Date of Disbursement 10 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 15.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

371.00

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)
Charlie Melancon Campaign Committee Inc

A.	Full Name (Last, First, Middle Initial) Office Depot Mailing Address 7074 Siegen Ln City Baton Rouge State LA Zip Code 70809-4531 Purpose of Disbursement Office Supplies 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: D4776 Date of Disbursement 10 / 04 / 2008 Amount of Each Disbursement this Period 93.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) National Democratic Club Mailing Address 30 Ivy St. SE City Washington State DC Zip Code 20003 Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D4772 Date of Disbursement 10 / 10 / 2008 Amount of Each Disbursement this Period 275.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Mary C. Hoffman Mailing Address 12537 E Sheraton Ave City Baton Rouge State LA Zip Code 70815-6837 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D4770 Date of Disbursement 10 / 08 / 2008 Amount of Each Disbursement this Period 1187.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1556.28

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

Transaction ID: D4779
Date of Disbursement

Mailing Address 721 Government St. Ste. 103

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

City State Zip Code
Baton Rouge LA 70802

Amount of Each Disbursement this Period

88.64

Purpose of Disbursement
Postage & Shipping

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)
NGP Software

Transaction ID: D4774
Date of Disbursement

Mailing Address 5505 Connecticut Ave NW

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

City State Zip Code
Washington DC 20015-2601

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Computer software

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)
Bank Of America

Transaction ID: D4755
Date of Disbursement

Mailing Address 730 15th St NW

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

City State Zip Code
Washington DC 20005-1001

Amount of Each Disbursement this Period

123.04

Purpose of Disbursement
temization below if Itemized

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)

1711.68

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)

PAGE 12 / 17

<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) ExxonMobil <hr/> Mailing Address Hwy 70 <hr/> City State Zip Code Plattenville LA 70393 Purpose of Disbursement Gasoline Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D4782 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 75.00 <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 <hr/> Mailing Address 412 N. Canal <hr/> City State Zip Code Thibodaux LA 70301 Purpose of Disbursement Gasoline Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D4781 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 48.04 <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) ►

3638.96

**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)
Charlie Melancon Campaign Committee Inc

A.

Full Name (Last, First, Middle Initial)
PENNSYLVANIA DEMOCRATIC PARTY

Transaction ID: D4777

Date of Disbursement

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

Mailing Address 300 North Second Street
Eighth Floor

Amount of Each Disbursement this Period

1000.00

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement
Campaign Contribution

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)
KANSAS DEMOCRATIC STATE COMMITTEE

Transaction ID: D4767

Date of Disbursement

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

Mailing Address PO Box 1914

Amount of Each Disbursement this Period

1000.00

City Topeka State KS Zip Code 66601

Purpose of Disbursement
Campaign Contribution

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)
STATE DEMOCRATIC EXECUTIVE COMMITTEE OF ALABAMA

Transaction ID: D4778

Date of Disbursement

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

Mailing Address PO Box 950

Amount of Each Disbursement this Period

1000.00

City Montgomery State AL Zip Code 36101

Purpose of Disbursement
Campaign Contribution

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)

3000.00

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 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)
Charlie Melancon Campaign Committee Inc

A.	Full Name (Last, First, Middle Initial) COLORADO DEMOCRATIC PARTY	Transaction ID: D4758
	Mailing Address 777 Santa Fe Drive	Date of Disbursement 10 / 10 / 2008
	City Denver State CO Zip Code 80204	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Campaign Contribution 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 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) DEMOCRATIC PARTY OF NEW MEXICO	Transaction ID: D4761
	Mailing Address 1301 San Pedro Blvd. NE	Date of Disbursement 10 / 10 / 2008
	City Albuquerque State NM Zip Code 87110	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Campaign Contribution 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 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) ILLINOIS VICTORY 2008	Transaction ID: D4766
	Mailing Address 709 NORTH AVENUE	Date of Disbursement 10 / 10 / 2008
	City WAUKEGAN State IL Zip Code 60085	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Campaign Contribution 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 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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 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)
Charlie Melancon Campaign Committee Inc

A. NEW JERSEY DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address 196 West State Street

City Trenton State NJ Zip Code 08608

Purpose of Disbursement
Campaign Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D4773

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

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

B. KENTUCKY STATE DEMOCRATIC CENTRAL EXECUTIVE COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 694

City Frankfort State KY Zip Code 40602

Purpose of Disbursement
Campaign Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D4768

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

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

C. DEMOCRATIC STATE CENTRAL COMMITTEE OF LOUISIANA

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 4385

City Baton Rouge State LA Zip Code 70821-4385

Purpose of Disbursement
Campaign Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D4762

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

27500.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

29500.00

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 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)
Charlie Melancon Campaign Committee Inc

<p>A. Full Name (Last, First, Middle Initial) DEMOCRATIC STATE CENTRAL COMMITTEE OF LOUISIANA</p> <p>Mailing Address PO Box 4385</p> <p>City Baton Rouge State LA Zip Code 70821-4385</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D4763</p> <p>Date of Disbursement 10 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</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) DEMOCRATIC STATE CENTRAL COMMITTEE OF LOUISIANA</p> <p>Mailing Address PO Box 4385</p> <p>City Baton Rouge State LA Zip Code 70821-4385</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D4764</p> <p>Date of Disbursement 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</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) NORTH CAROLINA DEMOCRATIC PARTY - FEDERAL</p> <p>Mailing Address 220 Hillsborough Street</p> <p>City Raleigh State NC Zip Code 27603</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D4775</p> <p>Date of Disbursement 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</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) ▶

11000.00

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 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)
Charlie Melancon Campaign Committee Inc

A.

Full Name (Last, First, Middle Initial)
MINNESOTA DEMOCRATIC FARMER LABOR PARTY

Transaction ID: D4771

Date of Disbursement

Mailing Address 255 East Plato Blvd

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

City State Zip Code
Saint Paul MN 55107

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Campaign Contribution

Category/ Type

Candidate Name

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

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

47500.00
