

**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)  
DEMOCRATIC STATE CENTRAL COMMITTEE OF LOUISIANA

Transaction ID: D4763

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	7		2	0	0	8

Mailing Address PO Box 4385

Amount of Each Disbursement this Period

5000.00
---------

City State Zip Code  
Baton Rouge LA 70821-4385

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)  
DEMOCRATIC STATE CENTRAL COMMITTEE OF LOUISIANA

Transaction ID: D4764

Date of Disbursement

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

Mailing Address PO Box 4385

Amount of Each Disbursement this Period

5000.00
---------

City State Zip Code  
Baton Rouge LA 70821-4385

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)  
NORTH CAROLINA DEMOCRATIC PARTY - FEDERAL

Transaction ID: D4775

Date of Disbursement

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

Mailing Address 220 Hillsborough Street

Amount of Each Disbursement this Period

1000.00
---------

City State Zip Code  
Raleigh NC 27603

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) ..... ►

11000.00
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**TOTAL** This Period (last page this line number only) ..... ►

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