

**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 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

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) <b>DEMOCRATIC STATE CENTRAL COMMITTEE OF LOUISIANA</b>	<b>Transaction ID:</b> D4420
	Mailing Address PO Box 4385	Date of Disbursement 04 / 28 / 2008
	City Baton Rouge State LA Zip Code 70821-4385	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement 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 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) <b>DEMOCRATIC STATE CENTRAL COMMITTEE OF LOUISIANA</b>	<b>Transaction ID:</b> D4531
	Mailing Address PO Box 4385	Date of Disbursement 06 / 09 / 2008
	City Baton Rouge State LA Zip Code 70821-4385	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement 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 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) <b>MISSISSIPPI DEMOCRATIC PARTY POLITICAL ACTION COMMITTEE</b>	<b>Transaction ID:</b> D4496
	Mailing Address Post Office Box 1583	Date of Disbursement 05 / 08 / 2008
	City Jackson State MS Zip Code 39215	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement 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 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) ..... ▶

**11500.00**

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

**11500.00**