

# 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 [ ] [ ] [ ] in the State of [ ]  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 09 15 2008 through 09 30 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 15 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	9

D	D
1	5

Y	Y	Y	Y
2	0	0	8

To: 

M	M
0	9

D	D
3	0

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)).....	49547.97	1447485.67
(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)).....	49547.97	1432885.67
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	14351.03	522517.92
(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)).....	14351.03	518512.29
8. Cash on Hand at Close of Reporting Period (from Line 27).....	828302.20	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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
0	9

D	D
1	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

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).....

2300.00

544736.25

(ii) Unitemized.....

0.00

24556.46

(iii) TOTAL of contributions

2300.00

569292.71

from individuals..... ▶

0.00

284.72

(b) Political Party Committees.....

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

47247.97

877908.24

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

49547.97

1447485.67

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.).....

2195.94

25487.55

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

51743.91

1476978.85

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	14351.03	522517.92
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.....	50000.00	214925.99
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	64351.03	854210.91

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	840909.32
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	51743.91
25. SUBTOTAL (add Line 23 and Line 24).....	892653.23
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	64351.03
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	828302.20

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 5 / 37	
	(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) E James Gaidry, Jr.		Date of Receipt	
Mailing Address P.O. Box 126		M M / D D / Y Y Y Y 09 / 30 / 2008	
City	State	Zip Code	Transaction ID: C12085
Houma	LA	70361	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		2300.00	
Name of Employer Self	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2300.00
<b>TOTAL</b> This Period (last page this line number only) .....	2300.00

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

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

FOR LINE NUMBER: PAGE 6 / 37  
(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)  
ACXION CORPORATION ASSOCIATES PAC, THE

Mailing Address #1 Information Way

City State Zip Code  
Little Rock AR 72202

FEC ID number of contributing federal political committee. **C** C00350835

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  
 0 9 / 3 0 / 2 0 0 8

**Transaction ID:** C12064

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)  
AMERICAN FEDERATION OF TEACHERS AFL-CIO COMMITTEE

Mailing Address 555 New Jersey Avenue NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00028860

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 0 8

**Transaction ID:** C12062

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)  
AMERICAN IRON AND STEEL INSTITUTE POLITICAL ACTION COMMITTEE (STEEL PAC)

Mailing Address 1140 CONNECTICUT AVE. NW  
SUITE 705

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00295097

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  
 0 9 / 2 9 / 2 0 0 8

**Transaction ID:** C12081

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 7 / 37			
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) BASF CORPORATION EMPLOYEES POLITICAL ACTION COMMITTEE		Date of Receipt
	Mailing Address 100 Campus Drive		<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Florham Park	NJ	07932
	FEC ID number of contributing federal political committee.		<input type="text" value="C00340075"/>
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text" value="3500.00"/>
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		<input type="text" value="7000.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) BETTER GOVERNMENT FUND OF MCDERMOTT INCORPORATED		Date of Receipt
	Mailing Address 2016 MT ATHOS ROAD		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	LYNCHBURG	VA	24504
	FEC ID number of contributing federal political committee.		<input type="text" value="C00136317"/>
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text" value="1000.00"/>
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		<input type="text" value="3000.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) BP CORPORATION NORTH AMERICA INC. POLITICAL ACTION COMMITTEE		Date of Receipt
	Mailing Address 4101 Winfield Road - 106D Mail Code 5N		<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Warrenville	IL	60555
	FEC ID number of contributing federal political committee.		<input type="text" value="C00060103"/>
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text" value="1000.00"/>
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		<input type="text" value="4000.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="5500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 8 / 37			
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) CHENIERE ENERGY INC. PAC		Date of Receipt
	Mailing Address 1155 21st Street NW Suite 300		<input type="checkbox"/> MM / <input type="checkbox"/> DD / <input type="checkbox"/> YYYY 09 / 30 / 2008
	City	State	Zip Code
	Washington	DC	20036
	FEC ID number of contributing federal political committee. <b>C</b> C00430157		Transaction ID: C12070
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	1000.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) CHEVRON EMPLOYEES POLITICAL ACTION COMMITTEE		Date of Receipt
	Mailing Address 6001 Bollinger Canyon Road Building A2108		<input type="checkbox"/> MM / <input type="checkbox"/> DD / <input type="checkbox"/> YYYY 09 / 29 / 2008
	City	State	Zip Code
	San Ramon	CA	94583
	FEC ID number of contributing federal political committee. <b>C</b> C00035006		Transaction ID: C12078
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	1000.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) CONOCOPHILLIPS SPIRIT PAC		Date of Receipt
	Mailing Address 1400B Plaza Office Building 1400 B PLAZA OFFICE BUILDING		<input type="checkbox"/> MM / <input type="checkbox"/> DD / <input type="checkbox"/> YYYY 09 / 30 / 2008
	City	State	Zip Code
	Bartlesville	OK	74004
	FEC ID number of contributing federal political committee. <b>C</b> C00112896		Transaction ID: C12083
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	1000.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> 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 / 37  
(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)  
EL PASO CORPORATION PAC

Mailing Address 1001 LOUISIANA STREET  
SUITE N1134S

City HOUSTON State TX Zip Code 77002

FEC ID number of contributing federal political committee. **C** C00093948

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
09 / 30 / 2008

**Transaction ID:** C12065

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)  
HARDWOOD FEDERATION PAC INC

Mailing Address 1111 Nineteenth Street NW;  
Suite 800

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00396671

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY  
09 / 30 / 2008

**Transaction ID:** C12067

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)  
INSURPAC

Mailing Address 412 First Street SE Suite 300

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt MM / DD / YYYY  
09 / 30 / 2008

**Transaction ID:** C12055

Amount of Each Receipt this Period  
2500.00

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 10 / 37

(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)  
INTERNATIONAL ASSOCIATION OF HOLIDAY INNS

Mailing Address THREE RAVINIA DR SUITE 100

City ATLANTA State GA Zip Code 30346

FEC ID number of contributing federal political committee. **C** C00084822

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt MM / DD / YYYY  
09 / 30 / 2008

**Transaction ID:** C12066

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)  
LYONDELL CHEMICAL COMPANY PAC

Mailing Address 1101 PENNSYLVANIA AVENUE NW  
SUITE 515

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00306175

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt MM / DD / YYYY  
09 / 30 / 2008

**Transaction ID:** C12058

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)  
NATIONAL BEER WHOLESALERS ASSOCIATION

Mailing Address 1101 King Street Suite 600

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt MM / DD / YYYY  
09 / 29 / 2008

**Transaction ID:** C12082

Amount of Each Receipt this Period 2500.00

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: PAGE 11 / 37  
(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)  
NATIONAL MARINE MANUFACTURERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 444 North Capitol Street N.W.  
Suite 645

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00245548

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** C12084  
 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)  
NATIONAL PETROCHEMICAL & REFINERS ASSOCIATION POLITICAL ACTION COMMITTEE (NPRRA)

Mailing Address 1667 K Street NW  
Suite 700

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00415026

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 09 / 24 / 2008  
**Transaction ID:** C12041  
 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)  
NATIONAL RIFLE ASSOCIATION OF AMERICA POLITICAL VICTORY FUND

Mailing Address 11250 Waples Mill Road

City Fairfax State VA Zip Code 22030

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** C12061  
 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) ..... ► 6000.00

**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 12 / 37  
(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)  
NATSO INC. NATSO PAC

Mailing Address Attn: Holly Alfano  
1737 King Street, Ste 200

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00097865

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
09 / 24 / 2008

Transaction ID: C12040

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)  
NOVARTIS CORPORATION POLITICAL ACTION COMMITTEE (A.K.A. NOVARTIS PAC)

Mailing Address 701 Pennsylvania Ave. NW  
Suite 725

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00033969

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

Transaction ID: C12054

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)  
NUCOR CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1915 Rexford Road

City State Zip Code  
Charlotte NC 28211

FEC ID number of contributing federal political committee. **C** C00379628

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

Transaction ID: C12057

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 13 / 37  
(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)  
OKLAHOMA INDEPENDENT PETROLEUM ASSOCIATION FEDERAL PAC (OIPA FEDERAL PAC)  
Mailing Address 3555 NW 58TH STREET SUITE 400

City State Zip Code  
OKLAHOMA CITY OK 73112

FEC ID number of contributing federal political committee. **C** C00444430

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  
 0 9 / 3 0 / 2 0 0 8

Transaction ID: C12069

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)  
PFIZER INC. PAC  
Mailing Address 235 East 42nd Street

City State Zip Code  
New York NY 10017

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 9747.97

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 4 / 2 0 0 8

Transaction ID: C12044

Amount of Each Receipt this Period  
1247.97

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

**C.** Full Name (Last, First, Middle Initial)  
POLITICAL EDUCATIONAL FUND OF THE BUILDING AND CON  
Mailing Address 815 16TH STREET NW #600

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00003160

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  
 0 9 / 3 0 / 2 0 0 8

Transaction ID: C12060

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) ..... ► **3247.97**

**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 14 / 37  
(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)  
PRICewaterhouseCOOPERS POLITICAL ACTION COMMITTEE II

Mailing Address 1900 K STREET NW SUITE 900

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00232173

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: C12068

Amount of Each Receipt this Period  
5000.00

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

**B.** Full Name (Last, First, Middle Initial)  
SEAFARERS POLITICAL ACTIVITY DONATION-SEAFARERS INTERNATIONAL UNION OF N.A. - AGLI

Mailing Address 5201 Auth Way

City State Zip Code  
Camp Springs MD 20746

FEC ID number of contributing federal political committee. **C** C00004325

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: C12063

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)  
SECURITIES INDUSTRY AND FINANCIAL MARKETS ASSOCIATION FUND A

Mailing Address 1425 K Street NW  
7th Floor

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00067504

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  
0 9 / 3 0 / 2 0 0 8

Transaction ID: C12071

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) ..... ▶ **7000.00**

**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 15 / 37  
(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)  
TESORO PETROLEUM CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 300 CONCORD PLAZA DRIVE

City State Zip Code  
SAN ANTONIO TX 78216

FEC ID number of contributing federal political committee. **C** C00358366

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 / 2 4 / 2 0 0 8

**Transaction ID:** C12042

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)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROG

Mailing Address 8000 EAST JEFFERSON

City State Zip Code  
DETROIT MI 48214

FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 8

**Transaction ID:** C12059

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)  
UST INC. EXECUTIVES ADMINISTRATORS AND MANAGERS POLITICAL ACTION COMMITTEE

Mailing Address 100 West Putnam Avenue

City State Zip Code  
Greenwich CT 06830

FEC ID number of contributing federal political committee. **C** C00104851

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 / 2 4 / 2 0 0 8

**Transaction ID:** C12045

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 37  
(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)  
VERIZON WIRELESS/VERIZON COMMUNICATIONS INC. POLITICAL ACTION COMMITTEE

Mailing Address 20 Independence Boulevard

City Warren State NJ Zip Code 07059

FEC ID number of contributing federal political committee. **C** C00363127

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  
09 / 24 / 2008

Transaction ID: C12043

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	47247.97



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 17 / 37</span>
	(check only one)
<input 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 checked="" type="checkbox"/> 15

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

**A.**

Full Name (Last, First, Middle Initial)  
Capital One Bank

Mailing Address 110 Franklin St.

City State Zip Code  
Napoleonville LA 70390

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 22389.08

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2008

**Transaction ID: C12092**

Amount of Each Receipt this Period  
1152.19

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

**B.**

Full Name (Last, First, Middle Initial)  
Capital One Bank

Mailing Address 110 Franklin St.

City State Zip Code  
Napoleonville LA 70390

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 22389.08

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

**Transaction ID: C12093**

Amount of Each Receipt this Period  
1043.75

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2195.94</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>2195.94</b>

**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) AT&T Wireless	Transaction ID: D4687 Date of Disbursement 09 / 17 / 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) ▼

B.	Full Name (Last, First, Middle Initial) AT&T Wireless	Transaction ID: D4688 Date of Disbursement 09 / 30 / 2008
	Mailing Address P. O. Box 650584	Amount of Each Disbursement this Period 71.35
	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) ▼

C.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: D4686 Date of Disbursement 09 / 15 / 2008
	Mailing Address POB 105262	Amount of Each Disbursement this Period 207.04
	City Atlanta State GA Zip Code 30348	<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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>637.01</b>
<b>TOTAL</b> 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) Capital One Bank <hr/> Mailing Address 110 Franklin St. <hr/> City Napoleonville State LA Zip Code 70390 <hr/> Purpose of Disbursement Service 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: D4694 Date of Disbursement 09 / 29 / 2008 <hr/> Amount of Each Disbursement this Period 8.57 <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 <hr/> Mailing Address 110 Franklin St. <hr/> City Napoleonville State LA Zip Code 70390 <hr/> Purpose of Disbursement Service 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: D4695 Date of Disbursement 09 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 3.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Johnny's on the Half Shell <hr/> Mailing Address 400 North Capitol St. NW <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement Catering 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: D4716 Date of Disbursement 09 / 18 / 2008 <hr/> Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

62.16

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Johnny's on the Half Shell  Mailing Address 400 North Capitol St. NW  City Washington State DC Zip Code 20001 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D4715 Date of Disbursement 09 / 25 / 2008  Amount of Each Disbursement this Period 242.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Luke Theriot  Mailing Address 2060 Myrtle Ave  City Baton Rouge State LA Zip Code 70806 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) ▼	Transaction ID: D4720 Date of Disbursement 09 / 30 / 2008  Amount of Each Disbursement this Period 6292.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Menus Catering  Mailing Address 5458 3rd St. NE  City Washington State DC Zip Code 20011 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D4723 Date of Disbursement 09 / 25 / 2008  Amount of Each Disbursement this Period 347.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

6882.59

**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	Transaction ID: D4726
	Mailing Address 412 N. Canal	Date of Disbursement 09 / 29 / 2008
	City Thibodaux State LA Zip Code 70301	Amount of Each Disbursement this Period 75.01
	Purpose of Disbursement gasoline	<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	Category/Type
	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) Mystick Krewe of Louisiana, Inc.	Transaction ID: D4727
	Mailing Address POB 80518	Date of Disbursement 09 / 24 / 2008
	City Baton Rouge State LA Zip Code 70898	Amount of Each Disbursement this Period 700.00
	Purpose of Disbursement Dues	<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	Category/Type
	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) National Democratic Club	Transaction ID: D4728
	Mailing Address 30 Ivy St. SE	Date of Disbursement 09 / 30 / 2008
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 479.38
	Purpose of Disbursement Catering	<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	Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1254.39</b>
<b>TOTAL</b> 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)  
NES

Mailing Address 16300 Old Jefferson Hwy.

City State Zip Code  
Prairieville LA 70769

Purpose of Disbursement  
Computer

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D4743  
Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

1459.99

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

B.

Full Name (Last, First, Middle Initial)  
Net Atlantic

Mailing Address 10 Federal St.

City State Zip Code  
Salem MA 01970

Purpose of Disbursement  
Fund raising list

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D4729  
Date of Disbursement

09 / 24 / 2008

Amount of Each Disbursement this Period

84.00

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

C.

Full Name (Last, First, Middle Initial)  
Political Development Group LLC

Mailing Address 499 S. Capitol St. SW Suite 412

City State Zip Code  
Washington DC 20003

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D4736  
Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

68.75

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶

1612.74

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

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) Political Development Group LLC <hr/> Mailing Address 499 S. Capitol St. SW Suite 412 <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Office Supplies 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: D4732 Date of Disbursement 09 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 6.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Political Development Group LLC <hr/> Mailing Address 499 S. Capitol St. SW Suite 412 <hr/> City Washington State DC Zip Code 20003 <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: D4737 Date of Disbursement 09 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 0.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Political Development Group LLC <hr/> Mailing Address 499 S. Capitol St. SW Suite 412 <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Catering 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: D4735 Date of Disbursement 09 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 85.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

92.54

**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)

PAGE 24 / 37

<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: D4734

Date of Disbursement

Mailing Address 499 S. Capitol St. SW Suite 412

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	8

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

2.42
------

Purpose of Disbursement  
Telephone

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:

B.

Full Name (Last, First, Middle Initial)  
Political Development Group LLC

Transaction ID: D4733

Date of Disbursement

Mailing Address 499 S. Capitol St. SW Suite 412

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	8

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

3500.00
---------

Purpose of Disbursement  
PAC Fund raiser

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) ..... ►

3502.42
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TOTAL This Period (last page this line number only) ..... ►

14043.85
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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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>ARCURI FOR CONGRESS</b> <hr/> Mailing Address P.O. Box 8508 <hr/> City Utica State NY Zip Code 13505 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name <b>ARCURI FOR CONGRESS</b> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID: D4685</b> Date of Disbursement 09 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>ARCURI FOR CONGRESS</b> <hr/> Mailing Address P.O. Box 8508 <hr/> City Utica State NY Zip Code 13505 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name <b>ARCURI FOR CONGRESS</b> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID: D4684</b> Date of Disbursement 09 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>BAKER FOR CONGRESS</b> <hr/> Mailing Address PO BOX 312 <hr/> City COLUMBIA State MO Zip Code 65205 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name <b>BAKER FOR CONGRESS</b> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID: D4689</b> Date of Disbursement 09 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>BOSWELL FOR CONGRESS</b> <hr/> Mailing Address PO Box 6220 <hr/> City Des Moines State IA Zip Code 50309 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name <b>BOSWELL FOR CONGRESS</b> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D4691 Date of Disbursement 09 / 30 / 2008
	Amount of Each Disbursement this Period 2000.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) <b>BRIGHT FOR CONGRESS.COM</b> <hr/> Mailing Address P.O.Box 2106 <hr/> City Montgomery State AL Zip Code 36102 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name <b>BRIGHT FOR CONGRESS.COM</b> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D4692 Date of Disbursement 09 / 15 / 2008
	Amount of Each Disbursement this Period 2000.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Build PAC</b> <hr/> Mailing Address 1201 15TH STREET NW <hr/> City WASHINGTON State DC Zip Code 20005 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name <b>Build PAC</b> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D4693 Date of Disbursement 09 / 22 / 2008
	Amount of Each Disbursement this Period 2500.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

6500.00

**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

A.	Full Name (Last, First, Middle Initial) <b>CARNEY FOR CONGRESS</b>	<b>Transaction ID: D4696</b>
	Mailing Address PO Box A	Date of Disbursement 09 / 30 / 2008
	City Clarks Summit State PA Zip Code 18411	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Campaign Contribution	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name <b>CARNEY FOR CONGRESS</b>	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: PA District: 10	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>CHILDERS FOR CONGRESS</b>	<b>Transaction ID: D4697</b>
	Mailing Address PO BOX 177	Date of Disbursement 09 / 15 / 2008
	City BOONEVILLE State MS Zip Code 38829	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Campaign Contribution	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name <b>CHILDERS FOR CONGRESS</b>	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: MS District: 01	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>CHRIS JENNINGS FOR CONGRESS</b>	<b>Transaction ID: D4698</b>
	Mailing Address PO Box 49135	Date of Disbursement 09 / 30 / 2008
	City Sarasota State FL Zip Code 34230	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Campaign Contribution	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name <b>CHRIS JENNINGS FOR CONGRESS</b>	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: FL District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5000.00</b>
<b>TOTAL</b> 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

<b>A.</b> Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE Mailing Address P.O. Box 1776 City Freedom State PA Zip Code 15042 Purpose of Disbursement Campaign Contribution Candidate Name CITIZENS FOR ALTMIRE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D4699 Date of Disbursement 09 / 15 / 2008
	Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>B.</b> Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE Mailing Address P.O. Box 1776 City Freedom State PA Zip Code 15042 Purpose of Disbursement Campaign Contribution Candidate Name CITIZENS FOR ALTMIRE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D4700 Date of Disbursement 09 / 30 / 2008
	Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>C.</b> Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT DAVID BOSWELL TO CONGRESS Mailing Address 5591 PANTHER CREEK PARK DRIVE City OWENSBORO State KY Zip Code 42301 Purpose of Disbursement Campaign Contribution Candidate Name COMMITTEE TO ELECT DAVID BOSWELL TO CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D4701 Date of Disbursement 09 / 30 / 2008
	Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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)

17  18  19a  19b  
 20a  20b  20c  21

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

**A.** Full Name (Last, First, Middle Initial)  
**DINA TITUS FOR CONGRESS**

Mailing Address 3711 East Sunset Road  
Suite C5

City State Zip Code  
Las Vegas NV 89120

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
**DINA TITUS FOR CONGRESS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NV District: 03

**Transaction ID:** D4705

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
**DRIEHAUS FOR CONGRESS**

Mailing Address 1018 BENZ AVENUE

City State Zip Code  
CINCINNATI OH 45238

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
**DRIEHAUS FOR CONGRESS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: OH District: 01

**Transaction ID:** D4706

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF JIM MARSHALL**

Mailing Address 586 Orange Street

City State Zip Code  
Macon GA 31201

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
**FRIENDS OF JIM MARSHALL**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: GA District: 08

**Transaction ID:** D4708

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

1000.00

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

**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)

<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)  
FRIENDS OF JOHN BARROW

Mailing Address 2141 B West Broad St

City Athens State GA Zip Code 30606

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
John Barrow

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: GA District: 12

Transaction ID: D4709

Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
GERRY CONNOLLY FOR CONGRESS

Mailing Address PO BOX 563

City MERRIFIELD State VA Zip Code 22116

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
GERRY CONNOLLY FOR CONGRESS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: VA District: 11

Transaction ID: D4704

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
GILLIBRAND FOR CONGRESS

Mailing Address P.O. Box 15734

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
GILLIBRAND FOR CONGRESS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NY District: 20

Transaction ID: D4711

Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

1000.00

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

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

4000.00

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>GRIFFITH FOR CONGRESS</b> <hr/> Mailing Address <b>PO BOX 2916</b> <hr/> City <b>Huntsville</b> State <b>AL</b> Zip Code <b>35804</b> <hr/> Purpose of Disbursement Campaign Contribution Candidate Name <b>GRIFFITH FOR CONGRESS</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>AL</b> District: <b>05</b> Disbursement For: <b>2008</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID: D4731</b> Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">2000.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	1	5	/	2	0	0	8	2000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9	/	1	5	/	2	0	0	8														
2000.00																							
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>HALVORSON FOR CONGRESS</b> <hr/> Mailing Address <b>PO Box 176</b> <hr/> City <b>Crete</b> State <b>IL</b> Zip Code <b>60417</b> <hr/> Purpose of Disbursement Campaign Contribution Candidate Name <b>HALVORSON FOR CONGRESS</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>IL</b> District: <b>11</b> Disbursement For: <b>2008</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID: D4712</b> Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">1000.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	3	0	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9	/	3	0	/	2	0	0	8														
1000.00																							
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>HARRY TEAGUE FOR CONGRESS</b> <hr/> Mailing Address <b>PO BOX 5153</b> <b>PO BOX 5153</b> <hr/> City <b>HOBBS</b> State <b>NM</b> Zip Code <b>88241</b> <hr/> Purpose of Disbursement Campaign Contribution Candidate Name <b>HARRY TEAGUE FOR CONGRESS</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NM</b> District: <b>02</b> Disbursement For: <b>2008</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID: D4702</b> Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">1000.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	3	0	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9	/	3	0	/	2	0	0	8														
1000.00																							

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

<b>4000.00</b>
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**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) <b>HOOSIERS FOR HILL</b>	<b>Transaction ID:</b> D4713
	Mailing Address PO Box 1071	Date of Disbursement 09 / 15 / 2008
	City Seymour State IN Zip Code 47274	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Campaign Contribution	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name HOOSIERS FOR HILL	
	Office Sought: <input checked="" 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: IN District: 09	

B.	Full Name (Last, First, Middle Initial) <b>JILL DERBY FOR CONGRESS</b>	<b>Transaction ID:</b> D4714
	Mailing Address PO BOX 1901	Date of Disbursement 09 / 30 / 2008
	City MINDEN State NV Zip Code 89423	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Campaign Contribution	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name JILL DERBY FOR CONGRESS	
	Office Sought: <input checked="" 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: NV District: 02	

C.	Full Name (Last, First, Middle Initial) <b>JOHN BOCCIERI FOR CONGRESS</b>	<b>Transaction ID:</b> D4690
	Mailing Address PO BOX 3016	Date of Disbursement 09 / 30 / 2008
	City ALLIANCE State OH Zip Code 44601	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Campaign Contribution	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name JOHN BOCCIERI FOR CONGRESS	
	Office Sought: <input checked="" 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: OH District: 16	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> 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

**A.** Full Name (Last, First, Middle Initial)  
KATHY DAHLKEMPER FOR CONGRESS

Mailing Address 530 SEMINOLE DRIVE

City State Zip Code  
ERIE PA 16505

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
KATHY DAHLKEMPER FOR CONGRESS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: PA District: 03

Transaction ID: D4717

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
KRATOVIL FOR CONGRESS

Mailing Address 222 Main Sail Drive  
PO Box 518

City State Zip Code  
Stevensville MD 21666

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
KRATOVIL FOR CONGRESS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MD District: 01

Transaction ID: D4718

Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
LINDA STENDER FOR CONGRESS

Mailing Address P.O. Box 730

City State Zip Code  
Scotch Plains NJ 07076

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
LINDA STENDER FOR CONGRESS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NJ District: 07

Transaction ID: D4719

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

1000.00

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

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4000.00

**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

**A.** Full Name (Last, First, Middle Initial)  
LINDA STENDER FOR CONGRESS

Mailing Address P.O. Box 730

City State Zip Code  
Scotch Plains NJ 07076

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
LINDA STENDER FOR CONGRESS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NJ District: 07

Transaction ID: D4721

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
MARKEY FOR CONGRESS

Mailing Address PO Box 1333

City State Zip Code  
Fort Collins CO 80521

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
MARKEY FOR CONGRESS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: CO District: 04

Transaction ID: D4722

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
MINNICK FOR CONGRESS

Mailing Address 8150 W EMERALD STREET SUITE 170

City State Zip Code  
Boise ID 83704

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
MINNICK FOR CONGRESS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: ID District: 01

Transaction ID: D4724

Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

2000.00

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

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5000.00

**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><b>A.</b> Full Name (Last, First, Middle Initial) <b>MOORE FOR CONGRESS</b></p> <p>Mailing Address PO BOX 16646</p> <p>City MILWAUKEE State WI Zip Code 53216</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name <b>MOORE FOR CONGRESS</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 04</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D4725 <b>Date of Disbursement</b> 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>SCHAUER FOR CONGRESS</b></p> <p>Mailing Address PO BOX 100</p> <p>City BATTLE CREEK State MI Zip Code 49016</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name <b>SCHAUER FOR CONGRESS</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D4739 <b>Date of Disbursement</b> 09 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>SECURE PAC</b></p> <p>Mailing Address P.O. Box 675</p> <p>City Bolton State MS Zip Code 39041</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name <b>SECURE PAC</b></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><b>Transaction ID:</b> D4740 <b>Date of Disbursement</b> 09 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6500.00</b>
<b>TOTAL</b> 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

**A.** Full Name (Last, First, Middle Initial)  
**TINKLENBERG FOR CONGRESS**

Mailing Address 9298 CENTRAL AVE NE

City State Zip Code  
BLAINE MN 55434

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
TINKLENBERG FOR CONGRESS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MN District: 06

Transaction ID: D4741

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Amount of Each Disbursement this Period

1000.00
---------

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

**B.** Full Name (Last, First, Middle Initial)  
**TRAUNER FOR CONGRESS**

Mailing Address P.O. Box 1154

City State Zip Code  
Wilson WY 83014

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
TRAUNER FOR CONGRESS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: WY District: 01

Transaction ID: D4742

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Amount of Each Disbursement this Period

1000.00
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Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

2000.00
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**TOTAL** This Period (last page this line number only) ..... ►

50000.00
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Image# 28933511967

Form/Schedule: SA15  
Transaction ID: C12092

Interest

Form/Schedule: SA15  
Transaction ID: C12093

Interest

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