

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

ADDRESS (number and street) 420 W. Pinhook Road Suite A LAFAYETTE LA 70503 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00382796 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20 (M2) to Jan 31 (YE). (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). Election on 11/04/2014 in the State of LA. (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S). Election on 11/04/2014 in the State of LA.

5. Covering Period 10/16/2014 through 11/24/2014

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 Albert Simien

Signature of Treasurer Albert Simien [Electronically Filed] Date 12/04/2014

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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="1061.18"/>	<input type="text" value="1061.18"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="25872.50"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="2885.86"/>	<input type="text" value="37447.18"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="28758.36"/>	<input type="text" value="38508.36"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7800.00"/>	<input type="text" value="17550.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="20958.36"/>	<input type="text" value="20958.36"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2733.36	25563.41
(ii) Unitemized .....	152.50	11883.77
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2885.86	37447.18
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	2885.86	37447.18
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	2885.86	37447.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2885.86	37447.18

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7800.00	17550.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7800.00	17550.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7800.00	17550.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2885.86	37447.18
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2885.86	37447.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 37
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

**A. Pam Bridges**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1625 Ormandy Drive

City Baton Rouge	State LA	Zip Code 70808
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FEC ID number of contributing federal political committee. **C**

Name of Employer Louisiana Health Care Group, I	Occupation Corporate Trainer
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2014

**Transaction ID : SA11AI.15604**

Amount of Each Receipt this Period  

690.00
--------

Payroll Deduction (\$30 Bi-Weekly)

**B. Pam Bridges**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1625 Ormandy Drive

City Baton Rouge	State LA	Zip Code 70808
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FEC ID number of contributing federal political committee. **C**

Name of Employer Louisiana Health Care Group, I	Occupation Corporate Trainer
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2014

**Transaction ID : SA11AI.15605**

Amount of Each Receipt this Period  

720.00
--------

Payroll Deduction (\$30 Bi-Weekly)

**C. Carolyn Clark**  
Full Name (Last, First, Middle Initial)  
Mailing Address 220 Greenhaven Dr,

City Lafayette,	State LA	Zip Code 70508
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FEC ID number of contributing federal political committee. **C**

Name of Employer LHC Group	Occupation RN
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.26**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2014

**Transaction ID : SA11AI.15543**

Amount of Each Receipt this Period  

9.62
------

Payroll Deduction (\$9.62 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>69.62</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial) <b>A. Carolyn Clark</b>		Date of Receipt MM / DD / YYYY 11 / 13 / 2014 <b>Transaction ID : SA11AI.15544</b>
Mailing Address 220 Greenhaven Dr, City Lafayette, State LA Zip Code 70508		Amount of Each Receipt this Period 9.62 Payroll Deduction (\$9.62 Bi-Weekly)
FEC ID number of contributing federal political committee. C	Name of Employer LHC Group Occupation RN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.88	

Full Name (Last, First, Middle Initial) <b>B. Jamie Cole</b>		Date of Receipt MM / DD / YYYY 10 / 30 / 2014 <b>Transaction ID : SA11AI.15567</b>
Mailing Address HC 71 box 65, City Asbury State WV Zip Code 24916		Amount of Each Receipt this Period 10.00 Payroll Deduction (\$10 Bi-Weekly)
FEC ID number of contributing federal political committee. C	Name of Employer LHC Group Occupation Office Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>C. Jamie Cole</b>		Date of Receipt MM / DD / YYYY 11 / 13 / 2014 <b>Transaction ID : SA11AI.15568</b>
Mailing Address HC 71 box 65, City Asbury State WV Zip Code 24916		Amount of Each Receipt this Period 10.00 Payroll Deduction (\$10 Bi-Weekly)
FEC ID number of contributing federal political committee. C	Name of Employer LHC Group Occupation Office Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	29.62
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial) <b>A. Candance Comeaux</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014 <b>Transaction ID : SA11AI.15545</b>
Mailing Address 2209 Belle Ruelle, City New Iberia State LA Zip Code 70563		Amount of Each Receipt this Period 9.62 Payroll Deduction (\$9.62 Bi-Weekly)
FEC ID number of contributing federal political committee. C	Name of Employer LHC Group Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.26	

Full Name (Last, First, Middle Initial) <b>B. Candance Comeaux</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014 <b>Transaction ID : SA11AI.15546</b>
Mailing Address 2209 Belle Ruelle, City New Iberia State LA Zip Code 70563		Amount of Each Receipt this Period 9.62 Payroll Deduction (\$9.62 Bi-Weekly)
FEC ID number of contributing federal political committee. C	Name of Employer LHC Group Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.88	

Full Name (Last, First, Middle Initial) <b>C. Eric Cruickshank</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014 <b>Transaction ID : SA11AI.15547</b>
Mailing Address 2206 Lacache, City Lake Charles State LA Zip Code 70610		Amount of Each Receipt this Period 9.62 Payroll Deduction (\$9.62 Bi-Weekly)
FEC ID number of contributing federal political committee. C	Name of Employer LHC Group Occupation OT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.26	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	28.86
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

**A. Eric Cruickshank**  
Full Name (Last, First, Middle Initial)

Mailing Address 2206 Lacache,  
City Lake Charles State LA Zip Code 70610

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

Name of Employer LHC Group Occupation OT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.88**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 13 / 2014**  
**Transaction ID : SA11AI.15548**

Amount of Each Receipt this Period  
**9.62**

Payroll Deduction (\$9.62 Bi-Weekly)

**B. Adrienne Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 Worthington Lane,  
City Parkersburg State WV Zip Code 26104

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

Name of Employer LHC Group Occupation DON

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.26**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2014**  
**Transaction ID : SA11AI.15549**

Amount of Each Receipt this Period  
**9.62**

Payroll Deduction (\$9.62 Bi-Weekly)

**C. Adrienne Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 Worthington Lane,  
City Parkersburg State WV Zip Code 26104

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

Name of Employer LHC Group Occupation DON

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.88**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 13 / 2014**  
**Transaction ID : SA11AI.15550**

Amount of Each Receipt this Period  
**9.62**

Payroll Deduction (\$9.62 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>28.86</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

**A. Anna DeLee**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17336 Hwy 432

City Clinton	State LA	Zip Code 70722
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FEC ID number of contributing federal political committee. **C**

Name of Employer LHC Group	Occupation Director of Nursing
-------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2014

**Transaction ID : SA11Al.15569**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10 Bi-Weekly)

**B. Anna DeLee**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17336 Hwy 432

City Clinton	State LA	Zip Code 70722
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FEC ID number of contributing federal political committee. **C**

Name of Employer LHC Group	Occupation Director of Nursing
-------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2014

**Transaction ID : SA11Al.15570**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10 Bi-Weekly)

**C. Chris Duhon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10429 Rue de Duhon

City Abbeville	State LA	Zip Code 70510
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FEC ID number of contributing federal political committee. **C**

Name of Employer LHC Group	Occupation RN
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2014

**Transaction ID : SA11Al.15606**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction (\$30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>50.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

**A. Chris Duhon**  
Full Name (Last, First, Middle Initial)

Mailing Address 10429 Rue de Duhon

City Abbeville	State LA	Zip Code 70510
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FEC ID number of contributing federal political committee. **C**

Name of Employer LHC Group	Occupation RN
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2014

**Transaction ID : SA11AI.15607**

Amount of Each Receipt this Period  

30.00
-------

Payroll Deduction (\$30 Bi-Weekly)

**B. Ronda Dupree**  
Full Name (Last, First, Middle Initial)

Mailing Address 130 Hwy 132

City Delhi	State LA	Zip Code 71232
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FEC ID number of contributing federal political committee. **C**

Name of Employer LHC Group	Occupation State Operation Director
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2014

**Transaction ID : SA11AI.15608**

Amount of Each Receipt this Period  

30.00
-------

Payroll Deduction (\$30 Bi-Weekly)

**C. Ronda Dupree**  
Full Name (Last, First, Middle Initial)

Mailing Address 130 Hwy 132

City Delhi	State LA	Zip Code 71232
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FEC ID number of contributing federal political committee. **C**

Name of Employer LHC Group	Occupation State Operation Director
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2014

**Transaction ID : SA11AI.15609**

Amount of Each Receipt this Period  

30.00
-------

Payroll Deduction (\$30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial) <b>A. Carlin Elrod</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014 <b>Transaction ID : SA11AI.15551</b>
Mailing Address 252 Farview STREET		Amount of Each Receipt this Period 9.62 Payroll Deduction (\$9.62 Bi-Weekly)
City Humboldt	State TN	Zip Code 38343
FEC ID number of contributing federal political committee. C		
Name of Employer LHC Group	Occupation Physical Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.26	

Full Name (Last, First, Middle Initial) <b>B. Carlin Elrod</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014 <b>Transaction ID : SA11AI.15552</b>
Mailing Address 252 Farview STREET		Amount of Each Receipt this Period 9.62 Payroll Deduction (\$9.62 Bi-Weekly)
City Humboldt	State TN	Zip Code 38343
FEC ID number of contributing federal political committee. C		
Name of Employer LHC Group	Occupation Physical Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.88	

Full Name (Last, First, Middle Initial) <b>C. Gloria Eschete</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014 <b>Transaction ID : SA11AI.15571</b>
Mailing Address 341 Sugar Plum St.		Amount of Each Receipt this Period 10.00 Payroll Deduction (\$10 Bi-Weekly)
City Houma,	State LA	Zip Code 70364
FEC ID number of contributing federal political committee. C		
Name of Employer LHC Group	Occupation RN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	29.24
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial) <b>A. Gloria Eschete</b>		Date of Receipt
Mailing Address 341 Sugar Plum St.		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City	State	Zip Code
Houma,	LA	70364
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.15572</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer		Payroll Deduction (\$10 Bi-Weekly)
LHC Group	Occupation	
	RN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Lessley Fontenot</b>		Date of Receipt
Mailing Address 2303 sandalwood Drive		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Lafayette	LA	70570
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.15602</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer		Payroll Deduction (\$25 Bi-Weekly)
LHC Group	Occupation	
	Area Sales Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="550.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Lessley Fontenot</b>		Date of Receipt
Mailing Address 2303 sandalwood Drive		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City	State	Zip Code
Lafayette	LA	70570
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.15603</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer		Payroll Deduction (\$25 Bi-Weekly)
LHC Group	Occupation	
	Area Sales Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="575.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

**A. Jules Galiouras**  
Full Name (Last, First, Middle Initial)

Mailing Address 804 Woodmont Dr.

City Convington	State LA	Zip Code 70433
--------------------	-------------	-------------------

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

Name of Employer LHC Group	Occupation DVP
-------------------------------	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2014

**Transaction ID : SA11AI.15587**

Amount of Each Receipt this Period  
150.00

Payroll Deduction (\$20 Bi-Weekly)

**B. Jules Galiouras**  
Full Name (Last, First, Middle Initial)

Mailing Address 804 Woodmont Dr.

City Convington	State LA	Zip Code 70433
--------------------	-------------	-------------------

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

Name of Employer LHC Group	Occupation DVP
-------------------------------	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2014

**Transaction ID : SA11AI.15588**

Amount of Each Receipt this Period  
150.00

Payroll Deduction (\$20 Bi-Weekly)

**C. Barbara Goodman**  
Full Name (Last, First, Middle Initial)

Mailing Address 420 W. Pinhook Road

City Lafayette	State LA	Zip Code 70503
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FEC ID number of contributing federal political committee. **C**

Name of Employer LHC Group	Occupation Regional Manager
-------------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
345.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2014

**Transaction ID : SA11AI.15582**

Amount of Each Receipt this Period  
15.00

Payroll Deduction (\$15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

**A. Barbara Goodman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 420 W. Pinhook Road  
 City Lafayette State LA Zip Code 70503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LHC Group Occupation Regional Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2014  
**Transaction ID : SA11Al.15583**  
 Amount of Each Receipt this Period 15.00  
 Payroll Deduction (\$15 Bi-Weekly)

**B. Mary Gray**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1528 Greenwich Circle  
 City Birmingham, State AL Zip Code 35226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LHC Group Occupation State Operation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2014  
**Transaction ID : SA11Al.15610**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30 Bi-Weekly)

**c. Mary Gray**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1528 Greenwich Circle  
 City Birmingham, State AL Zip Code 35226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LHC Group Occupation State Operation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2014  
**Transaction ID : SA11Al.15611**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial)  
**A. Christopher Hardy**

Mailing Address 161 Rue Katherine,

City Opelousas State LA Zip Code 70570

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

Name of Employer LHC Group Occupation OT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.26**

Date of Receipt **10 / 30 / 2014**

**Transaction ID : SA11Al.15553**

Amount of Each Receipt this Period **9.62**

Payroll Deduction (\$9.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Christopher Hardy**

Mailing Address 161 Rue Katherine,

City Opelousas State LA Zip Code 70570

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

Name of Employer LHC Group Occupation OT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.88**

Date of Receipt **11 / 13 / 2014**

**Transaction ID : SA11Al.15554**

Amount of Each Receipt this Period **9.62**

Payroll Deduction (\$9.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Richard Hollier**

Mailing Address P.O. Box 95

City Opleousas State LA Zip Code 70571

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

Name of Employer Louisiana Health Care Group, I Occupation Legal Compliance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **920.00**

Date of Receipt **10 / 30 / 2014**

**Transaction ID : SA11Al.15618**

Amount of Each Receipt this Period **40.00**

Payroll Deduction (\$40 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **59.24**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

**A. Richard Hollier**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 95

City Opleousas State LA Zip Code 70571

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

Name of Employer Louisiana Health Care Group, I Occupation Legal Compliance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt **11 / 13 / 2014**

**Transaction ID : SA11Al.15619**

Amount of Each Receipt this Period **40.00**

Payroll Deduction (\$40 Bi-Weekly)

**B. Pamela Hooks**  
Full Name (Last, First, Middle Initial)

Mailing Address 369 Sir Thomas Henry

City Opelousas State LA Zip Code 70570

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

Name of Employer LHC Group Occupation RN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **221.26**

Date of Receipt **10 / 30 / 2014**

**Transaction ID : SA11Al.15555**

Amount of Each Receipt this Period **9.62**

Payroll Deduction (\$9.62 Bi-Weekly)

**C. Pamela Hooks**  
Full Name (Last, First, Middle Initial)

Mailing Address 369 Sir Thomas Henry

City Opelousas State LA Zip Code 70570

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

Name of Employer LHC Group Occupation RN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **230.88**

Date of Receipt **11 / 13 / 2014**

**Transaction ID : SA11Al.15556**

Amount of Each Receipt this Period **9.62**

Payroll Deduction (\$9.62 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **59.24**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial) <b>A. Kathleen Keirle</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2014 <b>Transaction ID : SA11AI.15557</b>
Mailing Address 907 Cindy Lane, City Westminister State MD Zip Code 21157		Amount of Each Receipt this Period 9.62 Payroll Deduction (\$9.62 Bi-Weekly)
FEC ID number of contributing federal political committee. C	Name of Employer LHC Group Occupation RN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.26	

Full Name (Last, First, Middle Initial) <b>B. Kathleen Keirle</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 13 / 2014 <b>Transaction ID : SA11AI.15558</b>
Mailing Address 907 Cindy Lane, City Westminister State MD Zip Code 21157		Amount of Each Receipt this Period 9.62 Payroll Deduction (\$9.62 Bi-Weekly)
FEC ID number of contributing federal political committee. C	Name of Employer LHC Group Occupation RN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.88	

Full Name (Last, First, Middle Initial) <b>C. Jeffrey Kreger</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2014 <b>Transaction ID : SA11AI.15634</b>
Mailing Address 100 Creek Bnd City Lafayette State LA Zip Code 70508		Amount of Each Receipt this Period 200.00 Payroll Deduction (\$200 Bi-Weekly)
FEC ID number of contributing federal political committee. C	Name of Employer LHC Group Occupation Sr. VP of Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	219.24
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial) <b>A. Jeffrey Kreger</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 13 / 2014 <b>Transaction ID : SA11Al.15635</b>
Mailing Address 100 Creek Bnd		Amount of Each Receipt this Period 200.00
City Lafayette	State LA	Zip Code 70508
FEC ID number of contributing federal political committee.	C	Payroll Deduction (\$200 Bi-Weekly)
Name of Employer LHC Group	Occupation Sr. VP of Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00	

Full Name (Last, First, Middle Initial) <b>B. Melanie Kuehn</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014 <b>Transaction ID : SA11Al.15626</b>
Mailing Address 4205 Persimmon Way		Amount of Each Receipt this Period 50.00
City Lake Charles	State LA	Zip Code 70518
FEC ID number of contributing federal political committee.	C	Payroll Deduction (\$50 Bi-Weekly)
Name of Employer LHC Group	Occupation DVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

Full Name (Last, First, Middle Initial) <b>C. Melanie Kuehn</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 13 / 2014 <b>Transaction ID : SA11Al.15627</b>
Mailing Address 4205 Persimmon Way		Amount of Each Receipt this Period 50.00
City Lake Charles	State LA	Zip Code 70518
FEC ID number of contributing federal political committee.	C	Payroll Deduction (\$50 Bi-Weekly)
Name of Employer LHC Group	Occupation DVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

**A. Amy Laing**  
Full Name (Last, First, Middle Initial)

Mailing Address 238 Dogwood Springs Lane

City Mena	State AR	Zip Code 71953
--------------	-------------	-------------------

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

Name of Employer LHC Group	Occupation State Market Developer
-------------------------------	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **920.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2014

**Transaction ID : SA11AI.15620**

Amount of Each Receipt this Period  

40.00
-------

Payroll Deduction (\$40 Bi-Weekly)

**B. Amy Laing**  
Full Name (Last, First, Middle Initial)

Mailing Address 238 Dogwood Springs Lane

City Mena	State AR	Zip Code 71953
--------------	-------------	-------------------

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

Name of Employer LHC Group	Occupation State Market Developer
-------------------------------	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2014

**Transaction ID : SA11AI.15621**

Amount of Each Receipt this Period  

40.00
-------

Payroll Deduction (\$40 Bi-Weekly)

**C. Ryan Latiolais**  
Full Name (Last, First, Middle Initial)

Mailing Address 1215 Gendarme Rd

City Carencro	State LA	Zip Code 70520
------------------	-------------	-------------------

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

Name of Employer LHC Group	Occupation Director of Technology
-------------------------------	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **460.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2014

**Transaction ID : SA11AI.15590**

Amount of Each Receipt this Period  

20.00
-------

Payroll Deduction (\$20 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial) <b>A. Ryan Latiolais</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014 <b>Transaction ID : SA11AI.15591</b>
Mailing Address 1215 Gendarme Rd		Amount of Each Receipt this Period 20.00
City Carencro	State LA	Zip Code 70520
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$20 Bi-Weekly)
Name of Employer LHC Group	Occupation Director of Technology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>B. Errol Leblanc</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014 <b>Transaction ID : SA11AI.15592</b>
Mailing Address 5908 John Boudreaux Road,		Amount of Each Receipt this Period 20.00
City Abbeville	State LA	Zip Code 70510
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$20 Bi-Weekly)
Name of Employer LHC Group	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

Full Name (Last, First, Middle Initial) <b>C. Errol Leblanc</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014 <b>Transaction ID : SA11AI.15593</b>
Mailing Address 5908 John Boudreaux Road,		Amount of Each Receipt this Period 20.00
City Abbeville	State LA	Zip Code 70510
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$20 Bi-Weekly)
Name of Employer LHC Group	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

**A. Richard MacMillian**  
Full Name (Last, First, Middle Initial)

Mailing Address 324 Deer Park Trial

City Lafayette State LA Zip Code 70508

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

Name of Employer LHC Group Occupation Legal Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **4180.00**

Date of Receipt **10 / 30 / 2014**

**Transaction ID : SA11AI.15632**

Amount of Each Receipt this Period **190.00**

Payroll Deduction (\$190 Bi-Weekly)

**B. Richard MacMillian**  
Full Name (Last, First, Middle Initial)

Mailing Address 324 Deer Park Trial

City Lafayette State LA Zip Code 70508

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

Name of Employer LHC Group Occupation Legal Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **4370.00**

Date of Receipt **11 / 13 / 2014**

**Transaction ID : SA11AI.15633**

Amount of Each Receipt this Period **190.00**

Payroll Deduction (\$190 Bi-Weekly)

**C. Spencer Marks**  
Full Name (Last, First, Middle Initial)

Mailing Address 5467 Highway 182

City Opelousas State LA Zip Code 70570

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

Name of Employer LHC Group Occupation Telecom Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **10 / 30 / 2014**

**Transaction ID : SA11AI.15573**

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **390.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial) <b>A. Spencer Marks</b>			Date of Receipt
Mailing Address 5467 Highway 182			<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
City	State	Zip Code	<b>Transaction ID : SA11Al.15575</b>
Opelousas	LA	70570	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>		<input type="text"/> 10.00
Name of Employer	Occupation	Payroll Deduction (\$10 Bi-Weekly)	
LHC Group	Telecom Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 240.00		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Rebecca McCoy</b>			Date of Receipt
Mailing Address 57 Short Side Drive			<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
City	State	Zip Code	<b>Transaction ID : SA11Al.15612</b>
Williamstown	WV	26187	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>		<input type="text"/> 30.00
Name of Employer	Occupation	Payroll Deduction (\$30 Bi-Weekly)	
LHC Group	State Operations Mgr		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 690.00		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Rebecca McCoy</b>			Date of Receipt
Mailing Address 57 Short Side Drive			<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
City	State	Zip Code	<b>Transaction ID : SA11Al.15613</b>
Williamstown	WV	26187	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>		<input type="text"/> 30.00
Name of Employer	Occupation	Payroll Deduction (\$30 Bi-Weekly)	
LHC Group	State Operations Mgr		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 720.00		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text"/> 70.00
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial) <b>A. Paul Mcdonald</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014 <b>Transaction ID : SA11Al.15576</b>
Mailing Address 6120 Lindholm Dr,		Amount of Each Receipt this Period 10.00
City State Zip Code Mobile AL 36693	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$10 Bi-Weekly)
Name of Employer Occupation LHC Group PTA	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00

Full Name (Last, First, Middle Initial) <b>B. Paul Mcdonald</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014 <b>Transaction ID : SA11Al.15577</b>
Mailing Address 6120 Lindholm Dr,		Amount of Each Receipt this Period 10.00
City State Zip Code Mobile AL 36693	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$10 Bi-Weekly)
Name of Employer Occupation LHC Group PTA	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00

Full Name (Last, First, Middle Initial) <b>C. Brach Myers</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014 <b>Transaction ID : SA11Al.15622</b>
Mailing Address 201 Worth Ave.		Amount of Each Receipt this Period 40.00
City State Zip Code Lafayette LA 70508	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$40 Bi-Weekly)
Name of Employer Occupation LHC Group Vice President of Strategic Partnershi	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

**A. Brach Myers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 201 Worth Ave.  
City Lafayette State LA Zip Code 70508  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LHC Group Occupation Vice President of Strategic Partnershi  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 960.00

Date of Receipt 11 / 13 / 2014  
**Transaction ID : SA11AI.15623**  
Amount of Each Receipt this Period 40.00  
Payroll Deduction (\$40 Bi-Weekly)

**B. Keith Myers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 211 Morning Mist  
City Sunset State LA Zip Code 70584  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The LHC Group Occupation President/CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 920.00

Date of Receipt 10 / 30 / 2014  
**Transaction ID : SA11AI.15624**  
Amount of Each Receipt this Period 40.00  
Payroll Deduction (\$40 Bi-Weekly)

**C. Keith Myers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 211 Morning Mist  
City Sunset State LA Zip Code 70584  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The LHC Group Occupation President/CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 960.00

Date of Receipt 11 / 13 / 2014  
**Transaction ID : SA11AI.15625**  
Amount of Each Receipt this Period 40.00  
Payroll Deduction (\$40 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

**A. Ted Pappas**  
Full Name (Last, First, Middle Initial)

Mailing Address 440 Hwy 758

City State Zip Code  
Eunice LA 70535

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

Name of Employer Occupation  
LHC Group PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
442.52

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2014  
**Transaction ID : SA11AI.15585**

Amount of Each Receipt this Period  
19.24

Payroll Deduction (\$19.24 Bi-Weekly)

**B. Ted Pappas**  
Full Name (Last, First, Middle Initial)

Mailing Address 440 Hwy 758

City State Zip Code  
Eunice LA 70535

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

Name of Employer Occupation  
LHC Group PT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.76

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2014  
**Transaction ID : SA11AI.15586**

Amount of Each Receipt this Period  
19.24

Payroll Deduction (\$19.24 Bi-Weekly)

**C. Linda Parlow**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 15,

City State Zip Code  
Alamo TN 38001

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

Name of Employer Occupation  
LHC Group RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
221.26

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2014  
**Transaction ID : SA11AI.15559**

Amount of Each Receipt this Period  
9.62

Payroll Deduction (\$9.62 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 48.10

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

**A. Linda Parlow**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 15,

City Alamo State TN Zip Code 38001

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

Name of Employer LHC Group Occupation RN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.88**

Date of Receipt  
 /  /   
**11 / 13 / 2014**

**Transaction ID : SA11AI.15560**

Amount of Each Receipt this Period  
 **9.62**

Payroll Deduction (\$9.62 Bi-Weekly)

**B. Katie Reiman**  
Full Name (Last, First, Middle Initial)

Mailing Address 815 Pecan Drive,

City St Gabriel State LA Zip Code 70776

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

Name of Employer LHC Group Occupation Speech Pathology

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.26**

Date of Receipt  
 /  /   
**10 / 30 / 2014**

**Transaction ID : SA11AI.15561**

Amount of Each Receipt this Period  
 **9.62**

Payroll Deduction (\$9.62 Bi-Weekly)

**C. Katie Reiman**  
Full Name (Last, First, Middle Initial)

Mailing Address 815 Pecan Drive,

City St Gabriel State LA Zip Code 70776

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

Name of Employer LHC Group Occupation Speech Pathology

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.88**

Date of Receipt  
 /  /   
**11 / 13 / 2014**

**Transaction ID : SA11AI.15562**

Amount of Each Receipt this Period  
 **9.62**

Payroll Deduction (\$9.62 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text"/> <b>28.86</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

**A. Melisa Rittenberry**  
Full Name (Last, First, Middle Initial)

Mailing Address 3341 Quail Run Ct

City Nashville State TN Zip Code 37214

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

Name of Employer LHC Group Occupation Regional Operations Directory

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **460.00**

Date of Receipt **10 / 30 / 2014**

**Transaction ID : SA11AI.15594**

Amount of Each Receipt this Period **20.00**

Payroll Deduction (\$20 Bi-Weekly)

**B. Melisa Rittenberry**  
Full Name (Last, First, Middle Initial)

Mailing Address 3341 Quail Run Ct

City Nashville State TN Zip Code 37214

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

Name of Employer LHC Group Occupation Regional Operations Directory

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **11 / 13 / 2014**

**Transaction ID : SA11AI.15595**

Amount of Each Receipt this Period **20.00**

Payroll Deduction (\$20 Bi-Weekly)

**C. William Sanford**  
Full Name (Last, First, Middle Initial)

Mailing Address 5502 Coteau Road

City New Iberia State LA Zip Code 70560

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

Name of Employer LHC Group Occupation CIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **10 / 30 / 2014**

**Transaction ID : SA11AI.15578**

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **50.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

**A. William Sanford**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5502 Coteau Road  
City New Iberia State LA Zip Code 70560  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LHC Group Occupation CIO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 13 / 2014  
**Transaction ID : SA11AI.15579**  
Amount of Each Receipt this Period 10.00  
Payroll Deduction (\$10 Bi-Weekly)

**B. Albert Simien**  
Full Name (Last, First, Middle Initial)  
Mailing Address 111 Shadowbrook Lane  
City Youngsville State LA Zip Code 70592  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LGC Group Occupation Director of Purchasing  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 885.50

Date of Receipt 10 / 30 / 2014  
**Transaction ID : SA11AI.15614**  
Amount of Each Receipt this Period 38.50  
Payroll Deduction (\$38.50 Bi-Weekly)

**C. Albert Simien**  
Full Name (Last, First, Middle Initial)  
Mailing Address 111 Shadowbrook Lane  
City Youngsville State LA Zip Code 70592  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LGC Group Occupation Director of Purchasing  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 13 / 2014  
**Transaction ID : SA11AI.15615**  
Amount of Each Receipt this Period 38.50  
Payroll Deduction (\$38.50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 87.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial)  
**A. Ann Spade**

Mailing Address 3994 Lost Pavement Road

City Parkersburg State WV Zip Code 26101

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

Name of Employer LHC Group Occupation DON

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2014**

**Transaction ID : SA11AI.15636**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Anita Stagg**

Mailing Address 713 Winding Willows

City Bossier City State LA Zip Code 71111

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

Name of Employer LHC Group Occupation DVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2014**

**Transaction ID : SA11AI.15580**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Anita Stagg**

Mailing Address 713 Winding Willows

City Bossier City State LA Zip Code 71111

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

Name of Employer LHC Group Occupation DVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 13 / 2014**

**Transaction ID : SA11AI.15581**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **30.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

**A. Tami Stout**  
Full Name (Last, First, Middle Initial)

Mailing Address 1113 Fawn Run

City Somerset, State KY Zip Code 92501

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

Name of Employer LHC Group Occupation State Market Development Dir.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **460.00**

Date of Receipt **10 / 30 / 2014**  
Transaction ID : **SA11AI.15596**

Amount of Each Receipt this Period **20.00**

Payroll Deduction (\$20 Bi-Weekly)

**B. Tami Stout**  
Full Name (Last, First, Middle Initial)

Mailing Address 1113 Fawn Run

City Somerset, State KY Zip Code 92501

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

Name of Employer LHC Group Occupation State Market Development Dir.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **11 / 13 / 2014**  
Transaction ID : **SA11AI.15597**

Amount of Each Receipt this Period **20.00**

Payroll Deduction (\$20 Bi-Weekly)

**C. Harold Taylor**  
Full Name (Last, First, Middle Initial)

Mailing Address 252 Purple Dawn Drive

City Sunset, State LA Zip Code 70584

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

Name of Employer La. Home Care Group, Inc. Occupation Director of Purchasing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **885.50**

Date of Receipt **10 / 30 / 2014**  
Transaction ID : **SA11AI.15616**

Amount of Each Receipt this Period **38.50**

Payroll Deduction (\$38.50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **78.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial) <b>A. Harold Taylor</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2014 <b>Transaction ID : SA11Al.15617</b>
Mailing Address 252 Purple Dawn Drive		Amount of Each Receipt this Period 38.50
City Sunset	State LA	Zip Code 70584
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$38.50 Bi-Weekly)
Name of Employer La. Home Care Group, Inc.	Occupation Director of Purchasing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 924.00	

Full Name (Last, First, Middle Initial) <b>B. Gary Thietten</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2014 <b>Transaction ID : SA11Al.15630</b>
Mailing Address 10611 Pine Shadow Road		Amount of Each Receipt this Period 100.00
City South Jordan	State UT	Zip Code 84095
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$100 Bi-Weekly)
Name of Employer LHC Group	Occupation VP of Corp. Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) <b>C. Gary Thietten</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2014 <b>Transaction ID : SA11Al.15631</b>
Mailing Address 10611 Pine Shadow Road		Amount of Each Receipt this Period 100.00
City South Jordan	State UT	Zip Code 84095
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$100 Bi-Weekly)
Name of Employer LHC Group	Occupation VP of Corp. Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	238.50
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

**A. James Tobey**  
Full Name (Last, First, Middle Initial)

Mailing Address 465 Leo Avenue

City Shreveport State LA Zip Code 71105

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

Name of Employer LHC Group Occupation Director of Sales and Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1150.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2014**

**Transaction ID : SA11AI.15628**

Amount of Each Receipt this Period  
**50.00**

Payroll Deduction (\$50 Bi-Weekly)

**B. James Tobey**  
Full Name (Last, First, Middle Initial)

Mailing Address 465 Leo Avenue

City Shreveport State LA Zip Code 71105

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

Name of Employer LHC Group Occupation Director of Sales and Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 13 / 2014**

**Transaction ID : SA11AI.15629**

Amount of Each Receipt this Period  
**50.00**

Payroll Deduction (\$50 Bi-Weekly)

**C. Jackie Weeks**  
Full Name (Last, First, Middle Initial)

Mailing Address 4507 Briarwood Terrace,

City Marshall State TX Zip Code 75672

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

Name of Employer LHC Group Occupation RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.26**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2014**

**Transaction ID : SA11AI.15563**

Amount of Each Receipt this Period  
**9.62**

Payroll Deduction (\$9.62 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>109.62</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

**A. Jackie Weeks**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4507 Briarwood Terrace,  
 City Marshall State TX Zip Code 75672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LHC Group Occupation RN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2014  
**Transaction ID : SA11AI.15564**  
 Amount of Each Receipt this Period 9.62  
 Payroll Deduction (\$9.62 Bi-Weekly)

**B. Cynthia Wells**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 367 Adams Circle  
 City Crawfordsville State AR Zip Code 72327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LHC Groups Occupation Hospice Regional Operations Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2014  
**Transaction ID : SA11AI.15598**  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction (\$20 Bi-Weekly)

**C. Cynthia Wells**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 367 Adams Circle  
 City Crawfordsville State AR Zip Code 72327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LHC Groups Occupation Hospice Regional Operations Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2014  
**Transaction ID : SA11AI.15599**  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction (\$20 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	49.62
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

**A. Christa Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1549 Camelot Dr,  
 City Henderson State KY Zip Code 42420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LHC Group Occupation RN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2014  
**Transaction ID : SA11AI.15600**  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction (\$20 Bi-Weekly)

**B. Christa Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1549 Camelot Dr,  
 City Henderson State KY Zip Code 42420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LHC Group Occupation RN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2014  
**Transaction ID : SA11AI.15601**  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction (\$20 Bi-Weekly)

**c. Cheryl Wyatt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 279  
 City Del Rio State TN Zip Code 37727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LHC Group Occupation RN BM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 221.26

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2014  
**Transaction ID : SA11AI.15565**  
 Amount of Each Receipt this Period 9.62  
 Payroll Deduction (\$9.62 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	49.62
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 36 OF 37  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial)  
**A. Cheryl Wyatt**

Mailing Address P.O. Box 279

City State Zip Code  
Del Rio TN 37727

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

Name of Employer Occupation  
LHC Group RN BM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**230.88**

Date of Receipt  
**11 / 13 / 2014**

**Transaction ID : SA11Al.15566**

Amount of Each Receipt this Period  
**9.62**

Payroll Deduction (\$9.62 Bi-Weekly)

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>9.62</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>2733.36</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial)

**A. BILL CASSIDY FOR US SENATE**

Mailing Address PO BOX 80505

City State Zip Code  
BATON ROUGE LA 70898

Purpose of Disbursement  
Donation

011

Candidate Name

**WILLIAM CASSIDY**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District: 06

Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2014

Transaction ID : **SB23.15479**

Amount of Each Disbursement this Period

2600.00
---------

Full Name (Last, First, Middle Initial)

**B. GARRET GRAVES FOR CONGRESS**

Mailing Address PO BOX 64845

City State Zip Code  
BATON ROUGE LA 70896

Purpose of Disbursement  
Donations

011

Candidate Name

**GARRET GRAVES**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District: 06

Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2014

Transaction ID : **SB23.15481**

Amount of Each Disbursement this Period

2600.00
---------

Full Name (Last, First, Middle Initial)

**C. RALPH ABRAHAM FOR CONGRESS**

Mailing Address P.O. BOX 270

City State Zip Code  
ARCHIBALD LA 71218

Purpose of Disbursement  
Donation

011

Candidate Name

**RALPH LEE ABRAHAM**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District: 05

Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2014

Transaction ID : **SB23.15485**

Amount of Each Disbursement this Period

2600.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7800.00
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**TOTAL** This Period (last page this line number only)..... ▶

7800.00
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