

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
 Check if different than previously reported. (ACC)
LAFAYETTE LA 70503

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00382796 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 10 / 01 / 2019 through [MM] / [DD] / [YYYY] 10 / 31 / 2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Simien, Albert, , ,
Type or Print Name of Treasurer

Signature of Treasurer *Simien, Albert, , ,* [Electronically Filed] Date 11 / 16 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2019"/>	<input type="text" value="13406.03"/>	<input type="text" value="13406.03"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="34203.33"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2600.20"/>	<input type="text" value="63709.50"/>
(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="36803.53"/>	<input type="text" value="77115.53"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="12000.00"/>	<input type="text" value="52312.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="24803.53"/>	<input type="text" value="24803.53"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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).....	1964.00	52365.00
(ii) Unitemized	636.20	11344.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2600.20	63709.50
(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)	2600.20	63709.50
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)).....▶	2600.20	63709.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2600.20	63709.50

DETAILED SUMMARY PAGE
of Disbursements

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.....	10000.00	50300.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	2000.00	2012.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	12000.00	52312.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12000.00	52312.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	2600.20	63709.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2600.20	63709.50
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 16
<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. Begnaud, Angie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 645 Bellevue Plantation Road
 City Lafayette State LA Zip Code 70503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHC Group Occupation (for Individual) DVP-Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2019
Transaction ID : SA11AI.23231
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction (\$25 Bi-Weekly)

B. Duhon, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10429 Rue de Duhon
 City Abbeville State LA Zip Code 70510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHC Group Occupation (for Individual) RN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 16 / 2019
Transaction ID : SA11AI.23242
 Amount of Each Receipt this Period 60.00
 Memo Item
 Payroll Deduction (\$30 Bi-Weekly)

C. Dupree, Ronda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 Hwy 132
 City Delhi State LA Zip Code 71232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHC Group Occupation (for Individual) State Operation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 16 / 2019
Transaction ID : SA11AI.23243
 Amount of Each Receipt this Period 60.00
 Memo Item
 Payroll Deduction (\$30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	170.00
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 7 OF 16
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Fontenot, Lessley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2303 sandalwood Drive
 City Lafayette State LA Zip Code 70570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHC Group Occupation (for Individual) Area Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2019
Transaction ID : SA11AI.23232
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction (\$25 Bi-Weekly)

B. Fox, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 Summerland Key Lane
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHC Occupation (for Individual) SVP Facility Based Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 16 / 2019
Transaction ID : SA11AI.23251
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction (\$50 Bi-Weekly)

C. Galiouras, Jules, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 804 Woodmont Dr.
 City Convington State LA Zip Code 70433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHC Group Occupation (for Individual) DVP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 16 / 2019
Transaction ID : SA11AI.23229
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction (\$20 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	190.00
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 8 OF 16
<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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LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Gray, Mary, , ,		Date of Receipt MM / DD / YYYY 10 / 16 / 2019 Transaction ID : SA11AI.23244
Mailing Address 1528 Greenwich Circle		Amount of Each Receipt this Period 60.00
City Birmingham,	State AL	Zip Code 35226
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll Deduction (\$30 Bi-Weekly)
Name of Employer (for Individual) LHC Group	Occupation (for Individual) State Operation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hengst, Carla, , ,		Date of Receipt MM / DD / YYYY 10 / 16 / 2019 Transaction ID : SA11AI.23233
Mailing Address 400 Earth Wood Court		Amount of Each Receipt this Period 50.00
City Louisville	State KY	Zip Code 40245
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll Deduction (\$25 Bi-Weekly)
Name of Employer (for Individual) LHC Group	Occupation (for Individual) Sr. VP of Community Based Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hollier, Richard, , ,		Date of Receipt MM / DD / YYYY 10 / 16 / 2019 Transaction ID : SA11AI.23234
Mailing Address P.O. Box 95		Amount of Each Receipt this Period 50.00
City Opleousas	State LA	Zip Code 70571
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll Deduction (\$25 Bi-Weekly)
Name of Employer (for Individual) Louisiana Health Care Group, I	Occupation (for Individual) Legal Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	160.00
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 9 OF 16
<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. Indest, Zachary, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 Hugh Wallis Road, S.
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHC Group Occupation (for Individual) ViP of Clinical Intergration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 10 / 16 / 2019
Transaction ID : SA11AI.23235
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction (\$25 Bi-Weekly)

B. Kuehn, Melanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4205 Persimmon Way
 City Lake Charles State LA Zip Code 70518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHC Group Occupation (for Individual) DVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 16 / 2019
Transaction ID : SA11AI.23252
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction (\$50 Bi-Weekly)

C. Laing, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) LHC Group Occupation (for Individual) State Market Developer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 16 / 2019
Transaction ID : SA11AI.23247
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction (\$40 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	230.00
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 10 OF 16
<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. Lege, Jude, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13806 Elk Road
 City Abbeville State LA Zip Code 70510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHC Occupation (for Individual) Directors of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2019
Transaction ID : SA11AI.23236
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction (\$25 Bi-Weekly)

B. Little, JoAnne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 Hugh Wallis Road, S
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHC Groups Occupation (for Individual) Sr. Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 16 / 2019
Transaction ID : SA11AI.23248
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction (\$40 Bi-Weekly)

C. MacMillian, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 324 Deer Park Trail
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHC Group Occupation (for Individual) Legal Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3800.00

Date of Receipt 10 / 16 / 2019
Transaction ID : SA11AI.23254
 Amount of Each Receipt this Period 380.00
 Memo Item
 Payroll Deduction (\$190 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	510.00
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 11 OF 16
	<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. Myers, Brach, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 Worth Ave.
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHC Group Occupation (for Individual) Vice President of Strategic Partnershi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 16 / 2019
Transaction ID : SA11AI.23249
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction (\$40 Bi-Weekly)

B. Myers, Keith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 Morning Mist
 City Sunset State LA Zip Code 70584
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The LHC Group Occupation (for Individual) President/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5800.00

Date of Receipt 10 / 16 / 2019
Transaction ID : SA11AI.23250
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction (\$40 Bi-Weekly)

C. Robinson, Rodger, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1084 Martinsburg Cove
 City Collierville State TN Zip Code 38017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHC Group Occupation (for Individual) Area VP of Operations - Hospice
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2019
Transaction ID : SA11AI.23237
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction (\$25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	210.00
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 12 OF 16
<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. Simien, Albert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Shadowbrook Lane
 City Youngsville State LA Zip Code 70592
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LGC Group Occupation (for Individual) Director of Purchasing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt 10 / 16 / 2019
Transaction ID : SA11AI.23245
 Amount of Each Receipt this Period 77.00
 Memo Item
 Payroll Deduction (\$38.50 Bi-Weekly)

B. Simmons, Kermit, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Rue Christopher Crossing
 City Natchitoches State LA Zip Code 71457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHC Group Occupation (for Individual) DVP of Facility Based Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2019
Transaction ID : SA11AI.23238
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction (\$25 Bi-Weekly)

C. Stagg, Anita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) LHC Group Occupation (for Individual) DVP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2019
Transaction ID : SA11AI.23239
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction (\$25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	177.00
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 13 OF 16
<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. Taylor, Harold, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) La. Home Care Group, Inc. Occupation (for Individual) Director of Purchasing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt 10 / 16 / 2019
Transaction ID : SA11AI.23246
 Amount of Each Receipt this Period 77.00
 Memo Item
 Payroll Deduction (\$38.50 Bi-Weekly)

B. Tobey, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 465 Leo Avenue
 City Shreveport State LA Zip Code 71105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHC Group Occupation (for Individual) Director of Sales and Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 16 / 2019
Transaction ID : SA11AI.23253
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction (\$50 Bi-Weekly)

C. Williams, Christa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1549 Camelot Dr,
 City Henderson State KY Zip Code 42420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHC Group Occupation (for Individual) RN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 16 / 2019
Transaction ID : SA11AI.23230
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction (\$20 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	217.00
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 14 OF 16
	<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. Willis, Mark, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 303 Norcross Drive
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHC Group Occupation (for Individual) VP of Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2019
Transaction ID : SA11AI.23240
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction (\$25 Bi-Weekly)

B. Ziegler, Diana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 407 Thompson Loop
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHC Group Occupation (for Individual) Director of Revenue Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2019
Transaction ID : SA11AI.23241
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction (\$25 Bi-Weekly)

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	1964.00

**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"/> 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. COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City
BANGOR

State
ME

Zip Code
04402

Purpose of Disbursement
Donation

011

Category/
Type

Candidate Name

COLLINS, SUSAN M, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: ME

District: 00

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2019

FEC Identification Number

C C00314575

Transaction ID : SB23.23256

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City
EAST LANSING

State
MI

Zip Code
48826

Purpose of Disbursement
Donation

011

Category/
Type

Candidate Name

STABENOW, DEBBIE, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify)

State: MI

District: 00

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2019

FEC Identification Number

C C00344473

Transaction ID : SB23.23257

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

10000.00

10000.00

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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

A. Matt Bevin for Kentucky

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 436374

City Middletown State KY Zip Code 40253

Purpose of Disbursement Donation to State Campaign

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 16 / 2019

FEC Identification Number: C

Transaction ID : SB29.23258

Amount of Each Disbursement this Period: 2000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	2000.00