

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines 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 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 Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2010 through 04 30 2010

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 Electronically Filed by Albert Simien Date 05 20 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

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**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		1888.83
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	7417.83									
(c) Total Receipts (from Line 19) .....	4029.00	24203.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	11446.83	26091.83								
7. Total Disbursements (from Line 31) .....	2000.00	16645.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	9446.83	9446.83								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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) .....	1090.50	19680.00
(ii) Unitemized .....	538.50	2123.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1629.00	21803.00
(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) .....	1629.00	21803.00
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 .....	2400.00	2400.00
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 Transfer (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)) .....	4029.00	24203.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4029.00	24203.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	2000.00	16600.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	45.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	2000.00	16645.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	16645.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	1629.00	21803.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1629.00	21803.00
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 / 12
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard MacMillian	Date of Receipt MM / DD / YYYY 04 / 09 / 2010
	Mailing Address 324 Deer Park Trial	<b>Transaction ID:</b> SA11AI.6675
	City State Zip Code Lafayette LA 70508	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$200 Bi-Weekly)
	Name of Employer LHC Group Occupation Legal Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard MacMillian	Date of Receipt MM / DD / YYYY 04 / 14 / 2010
	Mailing Address 324 Deer Park Trial	<b>Transaction ID:</b> SA11AI.6696
	City State Zip Code Lafayette LA 70508	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$50 Bi-Weekly)
	Name of Employer LHC Group Occupation Legal Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard MacMillian	Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address 324 Deer Park Trial	<b>Transaction ID:</b> SA11AI.6717
	City State Zip Code Lafayette LA 70508	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$200 Bi-Weekly)
	Name of Employer LHC Group Occupation Legal Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	450.00
<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 7 / 12
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Keith Myers		Date of Receipt
	Mailing Address 211 Morning Mist		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 09 / 2010
	City	State	Zip Code
	Sunset	LA	70584
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6677
Name of Employer The LHC Group		Occupation President/CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4200.00	40.00
		Payroll Deduction (\$40 Bi-Weekly)	

<b>B.</b>	Full Name (Last, First, Middle Initial) Keith Myers		Date of Receipt
	Mailing Address 211 Morning Mist		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 14 / 2010
	City	State	Zip Code
	Sunset	LA	70584
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6698
Name of Employer The LHC Group		Occupation President/CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4240.00	40.00
		Payroll Deduction (\$40 Bi-Weekly)	

<b>C.</b>	Full Name (Last, First, Middle Initial) Keith Myers		Date of Receipt
	Mailing Address 211 Morning Mist		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 23 / 2010
	City	State	Zip Code
	Sunset	LA	70584
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6719
Name of Employer The LHC Group		Occupation President/CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4280.00	40.00
		Payroll Deduction (\$40 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>120.00</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 8 / 12
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Harold Taylor	Date of Receipt MM / DD / YYYY 04 / 09 / 2010
	Mailing Address 252 Purple Dawn Drive	<b>Transaction ID:</b> SA11AI.6680
	City State Zip Code Sunset LA 70584	Amount of Each Receipt this Period 38.50
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$38.50 Bi-Weekly)
	Name of Employer Occupation La. Home Care Group, Inc. Director of Purchasing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4230.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Harold Taylor	Date of Receipt MM / DD / YYYY 04 / 14 / 2010
	Mailing Address 252 Purple Dawn Drive	<b>Transaction ID:</b> SA11AI.6701
	City State Zip Code Sunset LA 70584	Amount of Each Receipt this Period 38.50
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$38.50 Bi-Weekly)
	Name of Employer Occupation La. Home Care Group, Inc. Director of Purchasing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4268.50	

<b>C.</b>	Full Name (Last, First, Middle Initial) Harold Taylor	Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address 252 Purple Dawn Drive	<b>Transaction ID:</b> SA11AI.6722
	City State Zip Code Sunset LA 70584	Amount of Each Receipt this Period 38.50
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$38.50 Bi-Weekly)
	Name of Employer Occupation La. Home Care Group, Inc. Director of Purchasing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4307.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	115.50
<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:	PAGE 9 / 12
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) James Tobey		Date of Receipt
	Mailing Address 465 Leo Avenue		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Shreveport	LA	71105
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6681
Name of Employer LHC Group		Occupation Director of Sales and Marketing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	<input type="text" value="50.00"/>
			Payroll Deduction (\$50 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) James Tobey		Date of Receipt
	Mailing Address 465 Leo Avenue		<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Shreveport	LA	71105
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6702
Name of Employer LHC Group		Occupation Director of Sales and Marketing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>	<input type="text" value="50.00"/>
			Payroll Deduction (\$50 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) James Tobey		Date of Receipt
	Mailing Address 465 Leo Avenue		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Shreveport	LA	71105
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6723
Name of Employer LHC Group		Occupation Director of Sales and Marketing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	<input type="text" value="50.00"/>
			Payroll Deduction (\$50 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="150.00"/>
<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 10 / 12
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Pam Wigglesworth		Date of Receipt
	Mailing Address RR 2 Box 39F		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Alderson	WY	24910
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6682
Name of Employer LHC Groups		Occupation State Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 85.00
		<input type="text"/> 510.00	Payroll Deduction (\$85 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Pam Wigglesworth		Date of Receipt
	Mailing Address RR 2 Box 39F		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Alderson	WY	24910
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6703
Name of Employer LHC Groups		Occupation State Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 85.00
		<input type="text"/> 595.00	Payroll Deduction (\$85 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Pam Wigglesworth		Date of Receipt
	Mailing Address RR 2 Box 39F		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Alderson	WY	24910
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6724
Name of Employer LHC Groups		Occupation State Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 85.00
		<input type="text"/> 680.00	Payroll Deduction (\$85 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 255.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 1090.50

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

<b>A.</b>	Full Name (Last, First, Middle Initial) FRIENDS OF PATRICK J. KENNEDY INC.		Date of Receipt	
	Mailing Address P.O. Box 321		M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 1 0	
	City State Zip Code Pawtucket RI 02860		Transaction ID: SA16.6729	
	FEC ID number of contributing federal political committee. C C00326140		Amount of Each Receipt this Period 2400.00	
	Name of Employer Occupation		REfund of Contribution	
	Receipt For: 2010 <input checked="" 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) .....	2400.00
<b>TOTAL</b> This Period (last page this line number only) .....	2400.00

**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"/> 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

A.

Full Name (Last, First, Middle Initial)  
BLUMENTHAL FOR SENATE

Mailing Address 777 SUMMER STREET

City STAMFORD State CT Zip Code 06901

Purpose of Disbursement  
Donation

Candidate Name  
RICHARD BLUMENTHAL

Office Sought:  House  
 Senate  
 President

State: CT District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.6732  
Date of Disbursement

MM / DD / YYYY  
04 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

B.

Full Name (Last, First, Middle Initial)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Donation

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.6730  
Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2010

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

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

2000.00

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

2000.00