

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) x

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) x 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 in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 04 / 01 / 2019 through 04 / 30 / 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 05 / 20 / 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="21024.03"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="10925.30"/>	<input type="text" value="26043.30"/>
(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="31949.33"/>	<input type="text" value="39449.33"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2812.00"/>	<input type="text" value="10312.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="29137.33"/>	<input type="text" value="29137.33"/>
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).....	8911.00	18661.00
(ii) Unitemized .....	2014.30	7382.30
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	10925.30	26043.30
(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) .....	10925.30	26043.30
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)).....▶	10925.30	26043.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	10925.30	26043.30

**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.....	2800.00	10300.00
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).....	12.00	12.00
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)) ..	2812.00	10312.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2812.00	10312.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	10925.30	26043.30
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10925.30	26043.30
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 15
<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. 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 ▼ 240.00

Date of Receipt **04 / 24 / 2019**  
**Transaction ID : SA11AI.22468**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 Payroll Deduction (\$30 Bi-Weekly)

**B. 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 ▼ 240.00

Date of Receipt **04 / 24 / 2019**  
**Transaction ID : SA11AI.22470**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 Payroll Deduction (\$30 Bi-Weekly)

**C. 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 ▼ 300.00

Date of Receipt **04 / 05 / 2019**  
**Transaction ID : SA11AI.22487**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction (\$50 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<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 OF 15
	<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	<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. 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 ▼ 400.00

Date of Receipt 04 / 24 / 2019  
**Transaction ID : SA11AI.22488**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction (\$50 Bi-Weekly)

**B. Goldberg, Jonathan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 345 Mockingbird Valley Road  
 City Louisville State KY Zip Code 40207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Almost Famil Occupation (for Individual) Past Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 04 / 17 / 2019  
**Transaction ID : SA11AI.22504**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item  
 Donation

**C. Gray, Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1528 Greenwich Circle  
 City Birmingham, State AL Zip Code 35226  
 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 ▼ 240.00

Date of Receipt 04 / 24 / 2019  
**Transaction ID : SA11AI.22472**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 Payroll Deduction (\$30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3160.00
<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 8 OF 15
	<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	<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. Indest, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 235 Duperier Ave.  
 City New Iberia State LA Zip Code 70563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The LHC Group Occupation (for Individual) VP/COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 05 / 2019  
**Transaction ID : SA11AI.22495**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Donation

**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 ▼ 300.00

Date of Receipt 04 / 05 / 2019  
**Transaction ID : SA11AI.22489**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction (\$50 Bi-Weekly)

**C. 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 ▼ 400.00

Date of Receipt 04 / 24 / 2019  
**Transaction ID : SA11AI.22490**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction (\$50 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<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 9 OF 15
	<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. 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 ▼ 240.00

Date of Receipt 04 / 05 / 2019  
**Transaction ID : SA11AI.22477**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll Deduction (\$40 Bi-Weekly)

**B. 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 ▼ 320.00

Date of Receipt 04 / 24 / 2019  
**Transaction ID : SA11AI.22478**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 Payroll Deduction (\$40 Bi-Weekly)

**C. 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 ▼ 240.00

Date of Receipt 04 / 05 / 2019  
**Transaction ID : SA11AI.22479**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll Deduction (\$40 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	160.00
<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 10 OF 15
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Little, JoAnne, , ,</b>			Date of Receipt MM / DD / YYYY 04 / 24 / 2019 <b>Transaction ID : SA11AI.22480</b>
Mailing Address 901 Hugh Wallis Road, S			Amount of Each Receipt this Period 80.00
City Lafayette	State LA	Zip Code 70508	<input type="checkbox"/> Memo Item Payroll Deduction (\$40 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) LHC Groups		Occupation (for Individual) Sr. Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. MacMillian, Richard, , ,</b>			Date of Receipt MM / DD / YYYY 04 / 05 / 2019 <b>Transaction ID : SA11AI.22493</b>
Mailing Address 324 Deer Park Trial			Amount of Each Receipt this Period 190.00
City Lafayette	State LA	Zip Code 70508	<input type="checkbox"/> Memo Item Payroll Deduction (\$190 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) LHC Group		Occupation (for Individual) Legal Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1140.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. MacMillian, Richard, , ,</b>			Date of Receipt MM / DD / YYYY 04 / 24 / 2019 <b>Transaction ID : SA11AI.22494</b>
Mailing Address 324 Deer Park Trial			Amount of Each Receipt this Period 380.00
City Lafayette	State LA	Zip Code 70508	<input type="checkbox"/> Memo Item Payroll Deduction (\$190 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) LHC Group		Occupation (for Individual) Legal Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<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 11 OF 15
<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. 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 ▼ 240.00

Date of Receipt **04 / 05 / 2019**  
**Transaction ID : SA11AI.22481**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll Deduction (\$40 Bi-Weekly)

**B. 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 ▼ 320.00

Date of Receipt **04 / 24 / 2019**  
**Transaction ID : SA11AI.22482**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 Payroll Deduction (\$40 Bi-Weekly)

**C. 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 ▼ 240.00

Date of Receipt **04 / 05 / 2019**  
**Transaction ID : SA11AI.22485**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll Deduction (\$40 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	160.00
<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 12 OF 15
<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Myers, Keith, , ,</b>			Date of Receipt MM / DD / YYYY 04 / 24 / 2019 <b>Transaction ID : SA11AI.22486</b>
Mailing Address 211 Morning Mist			Amount of Each Receipt this Period 80.00
City Sunset	State LA	Zip Code 70584	<input type="checkbox"/> Memo Item Payroll Deduction (\$40 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) The LHC Group		Occupation (for Individual) President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Reed, Walter, , , III</b>			Date of Receipt MM / DD / YYYY 04 / 05 / 2019 <b>Transaction ID : SA11AI.22496</b>
Mailing Address 1667 Spring Drive			Amount of Each Receipt this Period 2500.00
City Louisville	State KY	Zip Code 40205	<input type="checkbox"/> Memo Item Donation
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Almost Family		Occupation (for Individual) Board of Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Simien, Albert, , ,</b>			Date of Receipt MM / DD / YYYY 04 / 05 / 2019 <b>Transaction ID : SA11AI.22473</b>
Mailing Address 111 Shadowbrook Lane			Amount of Each Receipt this Period 38.50
City Youngsville	State LA	Zip Code 70592	<input type="checkbox"/> Memo Item Payroll Deduction (\$38.50 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) LGC Group		Occupation (for Individual) Director of Purchasing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 231.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2618.50
<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 13 OF 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. 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 ▼ 308.00

Date of Receipt 04 / 24 / 2019  
**Transaction ID : SA11AI.22474**  
 Amount of Each Receipt this Period 77.00  
 Memo Item  
 Payroll Deduction (\$38.50 Bi-Weekly)

**B. 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 ▼ 231.00

Date of Receipt 04 / 05 / 2019  
**Transaction ID : SA11AI.22475**  
 Amount of Each Receipt this Period 38.50  
 Memo Item  
 Payroll Deduction (\$38.50 Bi-Weekly)

**C. 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 ▼ 308.00

Date of Receipt 04 / 24 / 2019  
**Transaction ID : SA11AI.22476**  
 Amount of Each Receipt this Period 77.00  
 Memo Item  
 Payroll Deduction (\$38.50 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	192.50
<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 14 OF 15
<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Tobey, James, , ,</b>			Date of Receipt MM / DD / YYYY 04 / 05 / 2019 <b>Transaction ID : SA11AI.22491</b>
Mailing Address 465 Leo Avenue			Amount of Each Receipt this Period 50.00
City Shreveport	State LA	Zip Code 71105	<input type="checkbox"/> Memo Item Payroll Deduction (\$50 Bi-Weekly)
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Tobey, James, , ,</b>			Date of Receipt MM / DD / YYYY 04 / 24 / 2019 <b>Transaction ID : SA11AI.22492</b>
Mailing Address 465 Leo Avenue			Amount of Each Receipt this Period 100.00
City Shreveport	State LA	Zip Code 71105	<input type="checkbox"/> Memo Item Payroll Deduction (\$50 Bi-Weekly)
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Wilford, Dan, , ,</b>			Date of Receipt MM / DD / YYYY 04 / 17 / 2019 <b>Transaction ID : SA11AI.22506</b>
Mailing Address 420 West pinhook Road			Amount of Each Receipt this Period 1000.00
City Lafayette	State LA	Zip Code 70503	<input type="checkbox"/> Memo Item Donation
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) LHC Group		Occupation (for Individual) Board of Directors	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	8911.00

# 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

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. KIND FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address 205 5TH AVENUE S  
ROOM 411

City LA CROSSE State WI Zip Code 54601

Purpose of Disbursement Donation

Candidate Name  
**KIND FOR CONGRESS COMMITTEE**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: WI District: 03

Date of Disbursement: 04 / 04 / 2019

FEC Identification Number: C C00312017  
Transaction ID : SB23.22501

Amount of Each Disbursement this Period: 2800.00

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  
Disbursement For:  Primary  General  Other (specify)

State: District:

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  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2800.00