

**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

Check if different than previously reported. (ACC)

LAFAYETTE

LA

70503

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00382796

3. IS THIS REPORT

x

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 Quarterly Report (YE)

x 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

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

01

01

2005

through

06

30

2005

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 Jimmy Gravois

Signature of Treasurer Electronically Filed by Jimmy Gravois

Date

07

31

2005

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

Office Use Only

FEC FORM 3X (Rev. 02/2003)

**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: <sup>M</sup>01 <sup>D</sup>01 <sup>Y</sup>2005 To: <sup>M</sup>06 <sup>D</sup>30 <sup>Y</sup>2005

	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2005		1932.93
(b) Cash on Hand at Beginning of Reporting Period .....	1932.93	
(c) Total Receipts (from Line 19) .....	8358.50	8358.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	10291.43	10291.43
<hr/>		
7. Total Disbursements (from Line 31) .....	8100.00	8100.00
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2191.43	2191.43
<hr/>		
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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

Report Covering the Period: From: <sup>M</sup>01 <sup>-</sup>01 <sup>-</sup>2005<sup>Y</sup> To: <sup>M</sup>06 <sup>-</sup>30 <sup>-</sup>2005<sup>Y</sup>

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) .....	7177.00	7177.00
(ii) Unitemized .....	1181.50	1181.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	8358.50	8358.50
(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) .....	8358.50	8358.50
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 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)) .....	8358.50	8358.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	8358.50	8358.50

**DETAILED SUMMARY PAGE**

of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	8100.00	8100.00
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	0.00
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 ActMty (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))..	8100.00	8100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	8100.00	8100.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	8358.50	8358.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8358.50	8358.50
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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 14

(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. Earline Bihm</b>		Date of Receipt M / D / Y 04 / 10 / 2005
Mailing Address 131 Bihm Street		Transaction ID: SA11A1.4328
City Palmetto	State LA	Zip Code 71358
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer The LHC Group	Occupation Board Member	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Barr Brown</b>		Date of Receipt M / D / Y 05 / 04 / 2005
Mailing Address 141 Duster Drive		Transaction ID: SA11A1.4340
City Natchez	State MS	Zip Code 39120
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 440.00
Name of Employer The LHC Group	Occupation VP/CFO	Payroll Deduction (540 Bi-Weekly) Aggregate Year-to-Date ▼ 440.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Barr Brown</b>		Date of Receipt M / D / Y 05 / 14 / 2005
Mailing Address 141 Duster Drive		Transaction ID: SA11A1.4308
City Natchez	State MS	Zip Code 39120
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer The LHC Group	Occupation VP/CFO	Payroll Deduction (540 Bi-Weekly) Aggregate Year-to-Date ▼ 480.00
Receipt For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1480.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 7 / 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

Full Name (Last, First, Middle Initial) <b>A. Richard Haller</b>		Date of Receipt M / D / Y 05 / 04 / 2005
Mailing Address P.O. Box 95		Transaction ID: SA11A1.4333
City Opleousas	State LA	Zip Code 70571
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 275.00
Name of Employer Louisiana Health Care Group, I	Occupation Legal Compliance	Payroll Deduction (\$25 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>B. Ted Hoyt</b>		Date of Receipt M / D / Y 04 / 28 / 2005
Mailing Address 315 S. College Road		Transaction ID: SA11A1.4329
City Lafayette	State LA	Zip Code 70503
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation Board Member	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. John Inceat</b>		Date of Receipt M / D / Y 04 / 09 / 2005
Mailing Address 235 Duperier Ave.		Transaction ID: SA11A1.4324
City New Iberia	State LA	Zip Code 70563
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 700.00
Name of Employer The LHC Group	Occupation VP/COO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1975.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 8 / 14

(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial) <b>A. John Indest</b>		Date of Receipt M / D / Y 05 / 04 / 2005
Mailing Address 235 Duperier Ave.		Transaction ID: SA11A1.4339
City New Iberia	State LA	Zip Code 70563
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 440.00
Name of Employer The LHC Group	Occupation VP/COO	Payroll Deduction (540 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1140.00	

Full Name (Last, First, Middle Initial) <b>B. John Indest</b>		Date of Receipt M / D / Y 05 / 14 / 2005
Mailing Address 235 Duperier Ave.		Transaction ID: SA11A1.4305
City New Iberia	State LA	Zip Code 70563
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer The LHC Group	Occupation VP/COO	Payroll Deduction (540 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1180.00	

Full Name (Last, First, Middle Initial) <b>C. Carlene MacMillan</b>		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 420 W. Pinhook Ave.		Transaction ID: SA11A1.4320
City Lafayette	State LA	Zip Code 70503
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer LHC Group	Occupation Director of Hospice	Payroll Deduction (540 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1480.00</b>
TOTAL This Period (last page this line number only) .....	▶	



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 14

(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial) <b>A. Keith Myers</b>		Date of Receipt M / D / Y 05 / 04 / 2005
Mailing Address 211 Morning Mist		Transaction ID: SA11A1.4341
City Sunset	State LA	Zip Code 70584
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 440.00
Name of Employer The LHC Group	Occupation President/CEO	Payroll Deduction (540 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>B. Keith Myers</b>		Date of Receipt M / D / Y 05 / 14 / 2005
Mailing Address 211 Morning Mist		Transaction ID: SA11A1.4307
City Sunset	State LA	Zip Code 70584
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer The LHC Group	Occupation President/CEO	Payroll Deduction (540 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>C. Ron Nixson</b>		Date of Receipt M / D / Y 04 / 26 / 2005
Mailing Address 420 W. Pinhook Ave.		Transaction ID: SA11A1.4327
City Lafayette	State LA	Zip Code 70503
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation Board Member	Payroll Deduction (540 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1480.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Liz Star</p> <p>Mailing Address 10218 Bell Road</p> <p>City State Zip Code Iowa LA 70647</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p>		<p>Date of Receipt M / D / Y 05 / 04 / 2005</p> <p>Transaction ID: SA11A1.4354</p> <p>Amount of Each Receipt this Period 275.00</p> <p>Payroll Deduction (\$25 Bi-Weekly)</p>
<p>Name of Employer The LHC Group</p> <p>Occupation Regional Manager</p> <p>Receipt For: Primary General Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 275.00</p>		
<p><b>B.</b> Full Name (Last, First, Middle Initial) Liz Star</p> <p>Mailing Address 10218 Bell Road</p> <p>City State Zip Code Iowa LA 70647</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p>		<p>Date of Receipt M / D / Y 05 / 14 / 2005</p> <p>Transaction ID: SA11A1.4319</p> <p>Amount of Each Receipt this Period 25.00</p> <p>Payroll Deduction (\$25 Bi-Weekly)</p>
<p>Name of Employer The LHC Group</p> <p>Occupation Regional Manager</p> <p>Receipt For: Primary General Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>		
<p><b>C.</b> Full Name (Last, First, Middle Initial) Harold Taylor</p> <p>Mailing Address 252 Purple Dawn Drive</p> <p>City State Zip Code Sunset LA 70584</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p>		<p>Date of Receipt M / D / Y 05 / 04 / 2005</p> <p>Transaction ID: SA11A1.4336</p> <p>Amount of Each Receipt this Period 423.50</p> <p>Payroll Deduction (\$38.50 Bi-Weekly)</p>
<p>Name of Employer La. Home Care Group, Inc.</p> <p>Occupation Director of Purchasing</p> <p>Receipt For: Primary General Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 423.50</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶</p>		<b>723.50</b>
<p><b>TOTAL</b> This Period (last page this line number only) ..... ▶</p>		

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

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

FOR LINE NUMBER: PAGE 11 / 14  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Harold Taylor		Date of Receipt 05 / 14 / 2005
Mailing Address 252 Purple Dawn Drive		Transaction ID: SA11A1.4303
City Sunset	State LA	Zip Code 70584
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.50
Name of Employer La. Home Care Group, Inc.	Occupation Director of Purchasing	Payroll Deduction (\$38.50 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	38.50
TOTAL This Period (last page this line number only) .....	▶	7177.00

**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)

PAGE 12 / 14

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 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. CHARLES BOUSTANY JR. FOR CONGRESS

Mailing Address 2938 Johnston St.

City Lafayette State LA Zip Code 70503

Purpose of Disbursement  
Contribution

Candidate Name  
CHARLES BOUSTANY JR. FOR CONGRESS

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  
Other (specify) ▼

State: LA District: D7

011  
Category/  
Type

Transaction ID: SB23.4363

Date of Disbursement

05 / 31 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
B. CHARLIE MELANCON CAMPAIGN COMMITTEE

Mailing Address 511 CONGRESS ST  
PO BOX 549

City NAPOLEONVILLE State LA Zip Code 70300

Purpose of Disbursement  
Contribution

Candidate Name  
CHARLIE MELANCON CAMPAIGN COMMITTEE

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  
Other (specify) ▼

State: LA District: 3

011  
Category/  
Type

Transaction ID: SB23.4364

Date of Disbursement

04 / 19 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
C. FRIENDS OF BOBBY JINDAL INC

Mailing Address PO BOX 862B

City METAIRIE State LA Zip Code 70011

Purpose of Disbursement  
Contribution

Candidate Name  
FRIENDS OF BOBBY JINDAL INC

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  
Other (specify) ▼

State: LA District: 00

011  
Category/  
Type

Transaction ID: SB23.4356

Date of Disbursement

03 / 28 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

**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 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF BOBBY JINDAL INC</b>		Transaction ID: SB23.4365 Date of Disbursement 05 / 04 / 2005
Mailing Address PO BOX 8628		Amount of Each Disbursement this Period  1000.00
City METAIRIE	State LA	
Zip Code 70011	Purpose of Disbursement Contribution	
Candidate Name FRIENDS OF BOBBY JINDAL INC		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA      District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF BOBBY JINDAL INC</b>		Transaction ID: SB23.4366 Date of Disbursement 05 / 04 / 2005
Mailing Address PO BOX 8628		Amount of Each Disbursement this Period  100.00
City METAIRIE	State LA	
Zip Code 70011	Purpose of Disbursement Contribution	
Candidate Name FRIENDS OF BOBBY JINDAL INC		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA      District: 00	Disbursement For: 2006 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF MARY LANDRIEU INC</b>		Transaction ID: SB23.4371 Date of Disbursement 05 / 04 / 2005
Mailing Address 807 14TH STREET NW SUITE 800 SUITE 1434		Amount of Each Disbursement this Period  1000.00
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement Contribution	
Candidate Name FRIENDS OF MARY LANDRIEU INC		
Office Sought:      House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA      District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **2100.00**

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

**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)

PAGE 14 / 14

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 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. JOHNSON FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 1986

City New Britain State CT Zip Code 06050

Purpose of Disbursement  
Contribution

Candidate Name  
JOHNSON FOR CONGRESS COMMITTEE

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  
Other (specify) ▼

State: CT District: D5

011  
Category/  
Type

Transaction ID: SB23.4372

Date of Disbursement

04 / 26 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
B. RODNEY ALEXANDER FOR CONGRESS INC.

Mailing Address PO Box 367  
319 NANCY ROAD

City Quitman State LA Zip Code 71268

Purpose of Disbursement  
Contribution

Candidate Name  
RODNEY ALEXANDER FOR CONGRESS INC.

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  
Other (specify) ▼

State: LA District: D5

011  
Category/  
Type

Transaction ID: SB23.4387

Date of Disbursement

05 / 31 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
C. TOM DELAY CONGRESSIONAL COMMITTEE

Mailing Address 7002 Riverbrook Drive Ste. 200

City Sugar Land State TX Zip Code 77479

Purpose of Disbursement  
Contribution

Candidate Name  
TOM DELAY CONGRESSIONAL COMMITTEE

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  
Other (specify) ▼

State: TX District: 22

011  
Category/  
Type

Transaction ID: SB23.4388

Date of Disbursement

04 / 09 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

8100.00