

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, July 15, October 15, January 31, July 31 Mid-Year, 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 12 / 01 / 2015 through 12 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Albert Simien

Signature of Treasurer Albert Simien [Electronically Filed] Date 01 / 31 / 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		21123.40
(b) Cash on Hand at Beginning of Reporting Period.....	21558.60	
(c) Total Receipts (from Line 19)	3142.32	28084.66
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	24700.92	49208.06
7. Total Disbursements (from Line 31).....	12000.00	36507.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	12700.92	12700.92
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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. 06/2004)

Page 3

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).....	2947.32	18346.12
(ii) Unitemized	195.00	9738.54
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3142.32	28084.66
(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)	3142.32	28084.66
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))..... ▶	3142.32	28084.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3142.32	28084.66

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	36500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	7.14
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12000.00	36507.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12000.00	36507.14

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)	3142.32	28084.66
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3142.32	28084.66
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 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

City Baton Rouge	State LA	Zip Code 70808
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt
12 / 07 / 2015
Transaction ID : **SA11AI.17381**

Amount of Each Receipt this Period
30.00

Payroll Deduction (\$30 Bi-Weekly)

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

City Baton Rouge	State LA	Zip Code 70808
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt
12 / 18 / 2015
Transaction ID : **SA11AI.17382**

Amount of Each Receipt this Period
30.00

Payroll Deduction (\$30 Bi-Weekly)

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

City Baton Rouge	State LA	Zip Code 70808
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
12 / 30 / 2015
Transaction ID : **SA11AI.17383**

Amount of Each Receipt this Period
30.00

Payroll Deduction (\$30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Carolyn Clark
Full Name (Last, First, Middle Initial)

Mailing Address 220 Greenhaven Dr,
City Lafayette, State LA Zip Code 70508

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

Name of Employer LHC Group Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.26**

Date of Receipt **12 / 07 / 2015**
Transaction ID : SA11AI.17304

Amount of Each Receipt this Period **9.62**
Payroll Deduction (\$9.62 Bi-Weekly)

B. Carolyn Clark
Full Name (Last, First, Middle Initial)

Mailing Address 220 Greenhaven Dr,
City Lafayette, State LA Zip Code 70508

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

Name of Employer LHC Group Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.88**

Date of Receipt **12 / 18 / 2015**
Transaction ID : SA11AI.17305

Amount of Each Receipt this Period **9.62**
Payroll Deduction (\$9.62 Bi-Weekly)

C. Carolyn Clark
Full Name (Last, First, Middle Initial)

Mailing Address 220 Greenhaven Dr,
City Lafayette, State LA Zip Code 70508

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

Name of Employer LHC Group Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.50**

Date of Receipt **12 / 30 / 2015**
Transaction ID : SA11AI.17306

Amount of Each Receipt this Period **9.62**
Payroll Deduction (\$9.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	28.86
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 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Candance Comeaux		Date of Receipt 12 / 07 / 2015 Transaction ID : SA11AI.17307
Mailing Address 2209 Belle Ruelle, City New Iberia State LA Zip Code 70563		Amount of Each Receipt this Period 9.62 Payroll Deduction (\$9.62 Bi-Weekly)
FEC ID number of contributing federal political committee. C	Name of Employer LHC Group Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.26	

Full Name (Last, First, Middle Initial) B. Candance Comeaux		Date of Receipt 12 / 18 / 2015 Transaction ID : SA11AI.17308
Mailing Address 2209 Belle Ruelle, City New Iberia State LA Zip Code 70563		Amount of Each Receipt this Period 9.62 Payroll Deduction (\$9.62 Bi-Weekly)
FEC ID number of contributing federal political committee. C	Name of Employer LHC Group Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.88	

Full Name (Last, First, Middle Initial) C. Candance Comeaux		Date of Receipt 12 / 30 / 2015 Transaction ID : SA11AI.17309
Mailing Address 2209 Belle Ruelle, City New Iberia State LA Zip Code 70563		Amount of Each Receipt this Period 9.62 Payroll Deduction (\$9.62 Bi-Weekly)
FEC ID number of contributing federal political committee. C	Name of Employer LHC Group Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.50	

SUBTOTAL of Receipts This Page (optional).....▶	28.86
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 44
<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. Adrienne Davis
Full Name (Last, First, Middle Initial)
Mailing Address 8 Worthington Lane,
City Parkersburg State WV Zip Code 26104
FEC ID number of contributing federal political committee. **C**
Name of Employer LHC Group Occupation DON
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **221.26**

Date of Receipt **12 / 07 / 2015**
Transaction ID : SA11AI.17310
Amount of Each Receipt this Period **9.62**
Payroll Deduction (\$9.62 Bi-Weekly)

B. Adrienne Davis
Full Name (Last, First, Middle Initial)
Mailing Address 8 Worthington Lane,
City Parkersburg State WV Zip Code 26104
FEC ID number of contributing federal political committee. **C**
Name of Employer LHC Group Occupation DON
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **230.88**

Date of Receipt **12 / 18 / 2015**
Transaction ID : SA11AI.17311
Amount of Each Receipt this Period **9.62**
Payroll Deduction (\$9.62 Bi-Weekly)

C. Adrienne Davis
Full Name (Last, First, Middle Initial)
Mailing Address 8 Worthington Lane,
City Parkersburg State WV Zip Code 26104
FEC ID number of contributing federal political committee. **C**
Name of Employer LHC Group Occupation DON
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **240.50**

Date of Receipt **12 / 30 / 2015**
Transaction ID : SA11AI.17312
Amount of Each Receipt this Period **9.62**
Payroll Deduction (\$9.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **28.86**
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: PAGE 10 OF 44
(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. Anna DeLee

Mailing Address 17336 Hwy 432

City State Zip Code
Clinton LA 70722

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

Name of Employer Occupation
LHC Group Director of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
12 / 07 / 2015
Transaction ID : SA11AI.17335

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Anna DeLee

Mailing Address 17336 Hwy 432

City State Zip Code
Clinton LA 70722

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

Name of Employer Occupation
LHC Group Director of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
12 / 18 / 2015
Transaction ID : SA11AI.17336

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Anna DeLee

Mailing Address 17336 Hwy 432

City State Zip Code
Clinton LA 70722

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

Name of Employer Occupation
LHC Group Director of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 30 / 2015
Transaction ID : SA11AI.17337

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10 Bi-Weekly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 10429 Rue de Duhon

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

Name of Employer LHC Group	Occupation RN
-------------------------------	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2015
Transaction ID : SA11AI.17384

Amount of Each Receipt this Period
30.00

Payroll Deduction (\$30 Bi-Weekly)

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

Mailing Address 10429 Rue de Duhon

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

Name of Employer LHC Group	Occupation RN
-------------------------------	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2015
Transaction ID : SA11AI.17385

Amount of Each Receipt this Period
30.00

Payroll Deduction (\$30 Bi-Weekly)

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

Mailing Address 10429 Rue de Duhon

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

Name of Employer LHC Group	Occupation RN
-------------------------------	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : SA11AI.17386

Amount of Each Receipt this Period
30.00

Payroll Deduction (\$30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 44
	<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. Ronda Dupree		Date of Receipt 12 / 07 / 2015 Transaction ID : SA11AI.17387
Mailing Address 130 Hwy 132		Amount of Each Receipt this Period 30.00
City Delhi	State LA	Zip Code 71232
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30 Bi-Weekly)	
Name of Employer LHC Group	Occupation State Operation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	

Full Name (Last, First, Middle Initial) B. Ronda Dupree		Date of Receipt 12 / 18 / 2015 Transaction ID : SA11AI.17388
Mailing Address 130 Hwy 132		Amount of Each Receipt this Period 30.00
City Delhi	State LA	Zip Code 71232
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30 Bi-Weekly)	
Name of Employer LHC Group	Occupation State Operation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) C. Ronda Dupree		Date of Receipt 12 / 30 / 2015 Transaction ID : SA11AI.17389
Mailing Address 130 Hwy 132		Amount of Each Receipt this Period 30.00
City Delhi	State LA	Zip Code 71232
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30 Bi-Weekly)	
Name of Employer LHC Group	Occupation State Operation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 44
	<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. Carlin Elrod
 Full Name (Last, First, Middle Initial)
 Mailing Address 252 Fariview STREET
 City Humboldt State TN Zip Code 38343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation Physical Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.26

Date of Receipt 12 / 07 / 2015
Transaction ID : SA11Al.17313
 Amount of Each Receipt this Period 9.62
 Payroll Deduction (\$9.62 Bi-Weekly)

B. Carlin Elrod
 Full Name (Last, First, Middle Initial)
 Mailing Address 252 Fariview STREET
 City Humboldt State TN Zip Code 38343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation Physical Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt 12 / 18 / 2015
Transaction ID : SA11Al.17314
 Amount of Each Receipt this Period 9.62
 Payroll Deduction (\$9.62 Bi-Weekly)

C. Carlin Elrod
 Full Name (Last, First, Middle Initial)
 Mailing Address 252 Fariview STREET
 City Humboldt State TN Zip Code 38343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation Physical Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.50

Date of Receipt 12 / 30 / 2015
Transaction ID : SA11Al.17315
 Amount of Each Receipt this Period 9.62
 Payroll Deduction (\$9.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 28.86
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 44
	<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. Gloria Eschete
 Full Name (Last, First, Middle Initial)
 Mailing Address 341 Sugar Plum St.
 City Houma, State LA Zip Code 70364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation RN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 07 / 2015
Transaction ID : SA11AI.17338
 Amount of Each Receipt this Period 10.00
 Payroll Deduction (\$10 Bi-Weekly)

B. Gloria Eschete
 Full Name (Last, First, Middle Initial)
 Mailing Address 341 Sugar Plum St.
 City Houma, State LA Zip Code 70364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation RN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 18 / 2015
Transaction ID : SA11AI.17339
 Amount of Each Receipt this Period 10.00
 Payroll Deduction (\$10 Bi-Weekly)

C. Gloria Eschete
 Full Name (Last, First, Middle Initial)
 Mailing Address 341 Sugar Plum St.
 City Houma, State LA Zip Code 70364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation RN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 30 / 2015
Transaction ID : SA11AI.17340
 Amount of Each Receipt this Period 10.00
 Payroll Deduction (\$10 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 44
(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)
A. Lessley Fontenot

Mailing Address 2303 sandalwood Drive

City State Zip Code
 Lafayette LA 70570

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

Name of Employer Occupation
 LHC Group Area Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 575.00

Date of Receipt
 12 / 07 / 2015
Transaction ID : SA11AI.17378

Amount of Each Receipt this Period
 25.00

Payroll Deduction (\$25 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Lessley Fontenot

Mailing Address 2303 sandalwood Drive

City State Zip Code
 Lafayette LA 70570

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

Name of Employer Occupation
 LHC Group Area Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 12 / 18 / 2015
Transaction ID : SA11AI.17379

Amount of Each Receipt this Period
 25.00

Payroll Deduction (\$25 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Lessley Fontenot

Mailing Address 2303 sandalwood Drive

City State Zip Code
 Lafayette LA 70570

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

Name of Employer Occupation
 LHC Group Area Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 625.00

Date of Receipt
 12 / 30 / 2015
Transaction ID : SA11AI.17380

Amount of Each Receipt this Period
 25.00

Payroll Deduction (\$25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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: PAGE 16 OF 44
(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

A. Jules Galiouras
 Full Name (Last, First, Middle Initial)
 Mailing Address 804 Woodmont Dr.
 City Convington State LA Zip Code 70433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation DVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 12 / 07 / 2015
Transaction ID : SA11AI.17359
 Amount of Each Receipt this Period 20.00
 Payroll Deduction (\$20 Bi-Weekly)

B. Jules Galiouras
 Full Name (Last, First, Middle Initial)
 Mailing Address 804 Woodmont Dr.
 City Convington State LA Zip Code 70433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation DVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 18 / 2015
Transaction ID : SA11AI.17360
 Amount of Each Receipt this Period 20.00
 Payroll Deduction (\$20 Bi-Weekly)

C. Jules Galiouras
 Full Name (Last, First, Middle Initial)
 Mailing Address 804 Woodmont Dr.
 City Convington State LA Zip Code 70433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation DVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 30 / 2015
Transaction ID : SA11AI.17361
 Amount of Each Receipt this Period 20.00
 Payroll Deduction (\$20 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
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: PAGE 17 OF 44
(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

A. Barbara Goodman
 Full Name (Last, First, Middle Initial)
 Mailing Address 420 W. Pinhook Road
 City Lafayette State LA Zip Code 70503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation Regional Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 12 / 07 / 2015
Transaction ID : SA11AI.17353
 Amount of Each Receipt this Period 15.00
 Payroll Deduction (\$15 Bi-Weekly)

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

Date of Receipt 12 / 18 / 2015
Transaction ID : SA11AI.17354
 Amount of Each Receipt this Period 15.00
 Payroll Deduction (\$15 Bi-Weekly)

C. Barbara Goodman
 Full Name (Last, First, Middle Initial)
 Mailing Address 420 W. Pinhook Road
 City Lafayette State LA Zip Code 70503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation Regional Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 30 / 2015
Transaction ID : SA11AI.17355
 Amount of Each Receipt this Period 15.00
 Payroll Deduction (\$15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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: PAGE 18 OF 44
(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

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

Date of Receipt **12 / 07 / 2015**
Transaction ID : SA11Al.17390
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30 Bi-Weekly)

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

Date of Receipt **12 / 18 / 2015**
Transaction ID : SA11Al.17391
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30 Bi-Weekly)

C. Mary Gray
 Full Name (Last, First, Middle Initial)
 Mailing Address 1528 Greenwich Circle
 City Birmingham, State AL Zip Code 35226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation State Operation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **12 / 30 / 2015**
Transaction ID : SA11Al.17392
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **90.00**
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 19 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 161 Rue Katherine,

City Opelousas State LA Zip Code 70570

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

Name of Employer LHC Group Occupation OT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **202.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2015
Transaction ID : SA11Al.17316

Amount of Each Receipt this Period
9.62

Payroll Deduction (\$9.62 Bi-Weekly)

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

Mailing Address 161 Rue Katherine,

City Opelousas State LA Zip Code 70570

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

Name of Employer LHC Group Occupation OT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.64**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2015
Transaction ID : SA11Al.17317

Amount of Each Receipt this Period
9.62

Payroll Deduction (\$9.62 Bi-Weekly)

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

Mailing Address 161 Rue Katherine,

City Opelousas State LA Zip Code 70570

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

Name of Employer LHC Group Occupation OT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.26**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : SA11Al.17318

Amount of Each Receipt this Period
9.62

Payroll Deduction (\$9.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **28.86**

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 20 OF 44
	<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. Richard Hollier		Date of Receipt MM / DD / YYYY 12 / 07 / 2015 Transaction ID : SA11AI.17399
Mailing Address P.O. Box 95		Amount of Each Receipt this Period 40.00
City Opleousas	State LA	Zip Code 70571
FEC ID number of contributing federal political committee. C	Name of Employer Louisiana Health Care Group, I	Occupation Legal Compliance
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00	
Payroll Deduction (\$40 Bi-Weekly)		

Full Name (Last, First, Middle Initial) B. Richard Hollier		Date of Receipt MM / DD / YYYY 12 / 18 / 2015 Transaction ID : SA11AI.17400
Mailing Address P.O. Box 95		Amount of Each Receipt this Period 40.00
City Opleousas	State LA	Zip Code 70571
FEC ID number of contributing federal political committee. C	Name of Employer Louisiana Health Care Group, I	Occupation Legal Compliance
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	
Payroll Deduction (\$40 Bi-Weekly)		

Full Name (Last, First, Middle Initial) C. Richard Hollier		Date of Receipt MM / DD / YYYY 12 / 30 / 2015 Transaction ID : SA11AI.17401
Mailing Address P.O. Box 95		Amount of Each Receipt this Period 40.00
City Opleousas	State LA	Zip Code 70571
FEC ID number of contributing federal political committee. C	Name of Employer Louisiana Health Care Group, I	Occupation Legal Compliance
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Payroll Deduction (\$40 Bi-Weekly)		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 44
	<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. Pamela Hooks
Full Name (Last, First, Middle Initial)
Mailing Address 369 Sir Thomas Henry

City Opelousas	State LA	Zip Code 70570
-------------------	-------------	-------------------

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

Name of Employer LHC Group	Occupation RN
-------------------------------	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.26**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2015

Transaction ID : SA11AI.17319

Amount of Each Receipt this Period

9.62

Payroll Deduction (\$9.62 Bi-Weekly)

B. Pamela Hooks
Full Name (Last, First, Middle Initial)
Mailing Address 369 Sir Thomas Henry

City Opelousas	State LA	Zip Code 70570
-------------------	-------------	-------------------

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

Name of Employer LHC Group	Occupation RN
-------------------------------	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.88**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.17320

Amount of Each Receipt this Period

9.62

Payroll Deduction (\$9.62 Bi-Weekly)

C. Pamela Hooks
Full Name (Last, First, Middle Initial)
Mailing Address 369 Sir Thomas Henry

City Opelousas	State LA	Zip Code 70570
-------------------	-------------	-------------------

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

Name of Employer LHC Group	Occupation RN
-------------------------------	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.50**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2015

Transaction ID : SA11AI.17321

Amount of Each Receipt this Period

9.62

Payroll Deduction (\$9.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	28.86
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 22 OF 44
	<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 (Last, First, Middle Initial) A. Kathleen Keirle		Date of Receipt
Mailing Address 907 Cindy Lane,		<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
Westminister	MD	21157
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.17322
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="9.62"/>
Name of Employer		Payroll Deduction (\$9.62 Bi-Weekly)
LHC Group	Occupation	
Receipt For:	RN	
<input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Other (specify) ▼	<input type="text" value="206.97"/>	

Full Name (Last, First, Middle Initial) B. Kathleen Keirle		Date of Receipt
Mailing Address 907 Cindy Lane,		<input type="text" value="12"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	Zip Code
Westminister	MD	21157
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.17324
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="9.62"/>
Name of Employer		Payroll Deduction (\$9.62 Bi-Weekly)
LHC Group	Occupation	
Receipt For:	RN	
<input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Other (specify) ▼	<input type="text" value="216.59"/>	

Full Name (Last, First, Middle Initial) C. Kathleen Keirle		Date of Receipt
Mailing Address 907 Cindy Lane,		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Westminister	MD	21157
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.17325
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="9.62"/>
Name of Employer		Payroll Deduction (\$9.62 Bi-Weekly)
LHC Group	Occupation	
Receipt For:	RN	
<input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Other (specify) ▼	<input type="text" value="226.21"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="28.86"/>
TOTAL 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 23 OF 44
	<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. Melanie Kuehn
 Full Name (Last, First, Middle Initial)
 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 LHC Group Occupation DVP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1150.00**

Date of Receipt **12 / 07 / 2015**
Transaction ID : SA11AI.17411
 Amount of Each Receipt this Period **50.00**
 Payroll Deduction (\$50 Bi-Weekly)

B. Melanie Kuehn
 Full Name (Last, First, Middle Initial)
 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 LHC Group Occupation DVP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1200.00**

Date of Receipt **12 / 18 / 2015**
Transaction ID : SA11AI.17412
 Amount of Each Receipt this Period **50.00**
 Payroll Deduction (\$50 Bi-Weekly)

C. Melanie Kuehn
 Full Name (Last, First, Middle Initial)
 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 LHC Group Occupation DVP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1250.00**

Date of Receipt **12 / 30 / 2015**
Transaction ID : SA11AI.17413
 Amount of Each Receipt this Period **50.00**
 Payroll Deduction (\$50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **150.00**
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 24 OF 44
	<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. Amy Laing
Full Name (Last, First, Middle Initial)

Mailing Address 238 Dogwood Springs Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **920.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2015

Transaction ID : SA11AI.17402

Amount of Each Receipt this Period

40.00

Payroll Deduction (\$40 Bi-Weekly)

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

Mailing Address 238 Dogwood Springs Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.17403

Amount of Each Receipt this Period

40.00

Payroll Deduction (\$40 Bi-Weekly)

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

Mailing Address 238 Dogwood Springs Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2015

Transaction ID : SA11AI.17404

Amount of Each Receipt this Period

40.00

Payroll Deduction (\$40 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 25 OF 44
(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

A. Errol Leblanc
Full Name (Last, First, Middle Initial)
Mailing Address 5908 John Boudreaux Road,
City Abbeville State LA Zip Code 70510
FEC ID number of contributing federal political committee. **C**
Name of Employer LHC Group Occupation PT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 460.00

Date of Receipt 12 / 07 / 2015
Transaction ID : SA11AI.17362
Amount of Each Receipt this Period 20.00
Payroll Deduction (\$20 Bi-Weekly)

B. Errol Leblanc
Full Name (Last, First, Middle Initial)
Mailing Address 5908 John Boudreaux Road,
City Abbeville State LA Zip Code 70510
FEC ID number of contributing federal political committee. **C**
Name of Employer LHC Group Occupation PT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 18 / 2015
Transaction ID : SA11AI.17363
Amount of Each Receipt this Period 20.00
Payroll Deduction (\$20 Bi-Weekly)

C. Errol Leblanc
Full Name (Last, First, Middle Initial)
Mailing Address 5908 John Boudreaux Road,
City Abbeville State LA Zip Code 70510
FEC ID number of contributing federal political committee. **C**
Name of Employer LHC Group Occupation PT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 30 / 2015
Transaction ID : SA11AI.17365
Amount of Each Receipt this Period 20.00
Payroll Deduction (\$20 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 60.00
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: PAGE 26 OF 44
(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

A. Richard MacMillian
 Full Name (Last, First, Middle Initial)
 Mailing Address 324 Deer Park Trial
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation Legal Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4370.00

Date of Receipt 12 / 07 / 2015
Transaction ID : SA11Al.17417
 Amount of Each Receipt this Period 190.00
 Payroll Deduction (\$190 Bi-Weekly)

B. Richard MacMillian
 Full Name (Last, First, Middle Initial)
 Mailing Address 324 Deer Park Trial
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation Legal Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4560.00

Date of Receipt 12 / 18 / 2015
Transaction ID : SA11Al.17418
 Amount of Each Receipt this Period 190.00
 Payroll Deduction (\$190 Bi-Weekly)

C. Richard MacMillian
 Full Name (Last, First, Middle Initial)
 Mailing Address 324 Deer Park Trial
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation Legal Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4750.00

Date of Receipt 12 / 30 / 2015
Transaction ID : SA11Al.17419
 Amount of Each Receipt this Period 190.00
 Payroll Deduction (\$190 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 570.00
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: PAGE 27 OF 44
(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. Spencer Marks

Mailing Address 5467 Highway 182

City Opelousas	State LA	Zip Code 70570
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2015

Transaction ID : SA11Al.17341

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10 Bi-Weekly)

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

Mailing Address 5467 Highway 182

City Opelousas	State LA	Zip Code 70570
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11Al.17342

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10 Bi-Weekly)

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

Mailing Address 5467 Highway 182

City Opelousas	State LA	Zip Code 70570
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2015

Transaction ID : SA11Al.17343

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 28 OF 44
(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

A. Paul Mcdonald
 Full Name (Last, First, Middle Initial)
 Mailing Address 6120 Lindholm Dr,
 City State Zip Code
 Mobile AL 36693
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LHC Group PTA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2015
Transaction ID : SA11Al.17344
 Amount of Each Receipt this Period
 10.00
 Payroll Deduction (\$10 Bi-Weekly)

B. Paul Mcdonald
 Full Name (Last, First, Middle Initial)
 Mailing Address 6120 Lindholm Dr,
 City State Zip Code
 Mobile AL 36693
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LHC Group PTA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2015
Transaction ID : SA11Al.17345
 Amount of Each Receipt this Period
 10.00
 Payroll Deduction (\$10 Bi-Weekly)

C. Paul Mcdonald
 Full Name (Last, First, Middle Initial)
 Mailing Address 6120 Lindholm Dr,
 City State Zip Code
 Mobile AL 36693
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LHC Group PTA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : SA11Al.17346
 Amount of Each Receipt this Period
 10.00
 Payroll Deduction (\$10 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Brach Myers
Full Name (Last, First, Middle Initial)
Mailing Address 201 Worth Ave.

City Lafayette	State LA	Zip Code 70508
FEC ID number of contributing federal political committee. C		
Name of Employer LHC Group	Occupation Vice President of Strategic Partnershi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00	

Date of Receipt
12 / 07 / 2015
Transaction ID : SA11Al.17405

Amount of Each Receipt this Period
40.00

Payroll Deduction (\$40 Bi-Weekly)

B. Brach Myers
Full Name (Last, First, Middle Initial)
Mailing Address 201 Worth Ave.

City Lafayette	State LA	Zip Code 70508
FEC ID number of contributing federal political committee. C		
Name of Employer LHC Group	Occupation Vice President of Strategic Partnershi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

Date of Receipt
12 / 18 / 2015
Transaction ID : SA11Al.17406

Amount of Each Receipt this Period
40.00

Payroll Deduction (\$40 Bi-Weekly)

C. Brach Myers
Full Name (Last, First, Middle Initial)
Mailing Address 201 Worth Ave.

City Lafayette	State LA	Zip Code 70508
FEC ID number of contributing federal political committee. C		
Name of Employer LHC Group	Occupation Vice President of Strategic Partnershi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Date of Receipt
12 / 30 / 2015
Transaction ID : SA11Al.17407

Amount of Each Receipt this Period
40.00

Payroll Deduction (\$40 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 44
	<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. Keith Myers
Full Name (Last, First, Middle Initial)

Mailing Address 211 Morning Mist

City Sunset	State LA	Zip Code 70584
----------------	-------------	-------------------

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

Name of Employer The LHC Group	Occupation President/CEO
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **920.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2015
Transaction ID : SA11Al.17408

Amount of Each Receipt this Period
40.00

Payroll Deduction (\$40 Bi-Weekly)

B. Keith Myers
Full Name (Last, First, Middle Initial)

Mailing Address 211 Morning Mist

City Sunset	State LA	Zip Code 70584
----------------	-------------	-------------------

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

Name of Employer The LHC Group	Occupation President/CEO
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2015
Transaction ID : SA11Al.17409

Amount of Each Receipt this Period
40.00

Payroll Deduction (\$40 Bi-Weekly)

C. Keith Myers
Full Name (Last, First, Middle Initial)

Mailing Address 211 Morning Mist

City Sunset	State LA	Zip Code 70584
----------------	-------------	-------------------

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

Name of Employer The LHC Group	Occupation President/CEO
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : SA11Al.17410

Amount of Each Receipt this Period
40.00

Payroll Deduction (\$40 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 44
	<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. Ted Pappas
Full Name (Last, First, Middle Initial)

Mailing Address 440 Hwy 758

City Eunice State LA Zip Code 70535

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

Name of Employer LHC Group Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **442.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2015

Transaction ID : SA11AI.17356

Amount of Each Receipt this Period
 19.24

Payroll Deduction (\$19.24 Bi-Weekly)

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

Mailing Address 440 Hwy 758

City Eunice State LA Zip Code 70535

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

Name of Employer LHC Group Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.76**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : SA11AI.17357

Amount of Each Receipt this Period
 19.24

Payroll Deduction (\$19.24 Bi-Weekly)

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

Mailing Address 440 Hwy 758

City Eunice State LA Zip Code 70535

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

Name of Employer LHC Group Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **481.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11AI.17358

Amount of Each Receipt this Period
 19.24

Payroll Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **57.72**

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: PAGE 32 OF 44
(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

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

Mailing Address PO Box 15,

City Alamo State TN Zip Code 38001

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

Name of Employer LHC Group Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.26**

Date of Receipt
12 / 07 / 2015
Transaction ID : SA11Al.17326

Amount of Each Receipt this Period
9.62

Payroll Deduction (\$9.62 Bi-Weekly)

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

Mailing Address PO Box 15,

City Alamo State TN Zip Code 38001

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

Name of Employer LHC Group Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.88**

Date of Receipt
12 / 18 / 2015
Transaction ID : SA11Al.17327

Amount of Each Receipt this Period
9.62

Payroll Deduction (\$9.62 Bi-Weekly)

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

Mailing Address PO Box 15,

City Alamo State TN Zip Code 38001

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

Name of Employer LHC Group Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.50**

Date of Receipt
12 / 30 / 2015
Transaction ID : SA11Al.17328

Amount of Each Receipt this Period
9.62

Payroll Deduction (\$9.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **28.86**

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 33 OF 44
	<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. Katie Reiman			Date of Receipt 12 / 07 / 2015 Transaction ID : SA11AI.17329
Mailing Address 815 Pecan Drive,			Amount of Each Receipt this Period 9.62 Payroll Deduction (\$9.62 Bi-Weekly)
City St Gabriel	State LA	Zip Code 70776	
FEC ID number of contributing federal political committee. C			
Name of Employer LHC Group	Occupation Speech Pathology		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.26		

Full Name (Last, First, Middle Initial) B. Katie Reiman			Date of Receipt 12 / 18 / 2015 Transaction ID : SA11AI.17330
Mailing Address 815 Pecan Drive,			Amount of Each Receipt this Period 9.62 Payroll Deduction (\$9.62 Bi-Weekly)
City St Gabriel	State LA	Zip Code 70776	
FEC ID number of contributing federal political committee. C			
Name of Employer LHC Group	Occupation Speech Pathology		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.88		

Full Name (Last, First, Middle Initial) C. Katie Reiman			Date of Receipt 12 / 30 / 2015 Transaction ID : SA11AI.17331
Mailing Address 815 Pecan Drive,			Amount of Each Receipt this Period 9.62 Payroll Deduction (\$9.62 Bi-Weekly)
City St Gabriel	State LA	Zip Code 70776	
FEC ID number of contributing federal political committee. C			
Name of Employer LHC Group	Occupation Speech Pathology		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.50		

SUBTOTAL of Receipts This Page (optional).....▶	28.86
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: PAGE 34 OF 44
(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

A. Melisa Rittenberry
 Full Name (Last, First, Middle Initial)
 Mailing Address 3341 Quail Run Ct
 City Nashville State TN Zip Code 37214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation Regional Operations Directory
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 12 / 07 / 2015
Transaction ID : SA11AI.17366
 Amount of Each Receipt this Period 20.00
 Payroll Deduction (\$20 Bi-Weekly)

B. Melisa Rittenberry
 Full Name (Last, First, Middle Initial)
 Mailing Address 3341 Quail Run Ct
 City Nashville State TN Zip Code 37214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation Regional Operations Directory
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 18 / 2015
Transaction ID : SA11AI.17367
 Amount of Each Receipt this Period 20.00
 Payroll Deduction (\$20 Bi-Weekly)

C. Melisa Rittenberry
 Full Name (Last, First, Middle Initial)
 Mailing Address 3341 Quail Run Ct
 City Nashville State TN Zip Code 37214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation Regional Operations Directory
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 30 / 2015
Transaction ID : SA11AI.17368
 Amount of Each Receipt this Period 20.00
 Payroll Deduction (\$20 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
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: PAGE 35 OF 44
(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

A. William Sanford
Full Name (Last, First, Middle Initial)
Mailing Address 5502 Coteau Road

City New Iberia	State LA	Zip Code 70560
--------------------	-------------	-------------------

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

Name of Employer LHC Group	Occupation CIO
-------------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2015

Transaction ID : SA11AI.17347

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10 Bi-Weekly)

B. William Sanford
Full Name (Last, First, Middle Initial)
Mailing Address 5502 Coteau Road

City New Iberia	State LA	Zip Code 70560
--------------------	-------------	-------------------

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

Name of Employer LHC Group	Occupation CIO
-------------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.17348

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10 Bi-Weekly)

C. William Sanford
Full Name (Last, First, Middle Initial)
Mailing Address 5502 Coteau Road

City New Iberia	State LA	Zip Code 70560
--------------------	-------------	-------------------

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

Name of Employer LHC Group	Occupation CIO
-------------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2015

Transaction ID : SA11AI.17349

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 36 OF 44
(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) A. Albert Simien			Date of Receipt <input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2015"/> Transaction ID : SA11AI.17393
Mailing Address 111 Shadowbrook Lane			Amount of Each Receipt this Period <input type="text" value="38.50"/> Payroll Deduction (\$38.50 Bi-Weekly)
City Youngsville	State LA	Zip Code 70592	
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Payroll Deduction (\$38.50 Bi-Weekly)
Name of Employer LGC Group	Occupation Director of Purchasing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="885.50"/>		

Full Name (Last, First, Middle Initial) B. Albert Simien			Date of Receipt <input type="text" value="12"/> / <input type="text" value="18"/> / <input type="text" value="2015"/> Transaction ID : SA11AI.17394
Mailing Address 111 Shadowbrook Lane			Amount of Each Receipt this Period <input type="text" value="38.50"/> Payroll Deduction (\$38.50 Bi-Weekly)
City Youngsville	State LA	Zip Code 70592	
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Payroll Deduction (\$38.50 Bi-Weekly)
Name of Employer LGC Group	Occupation Director of Purchasing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="924.00"/>		

Full Name (Last, First, Middle Initial) C. Albert Simien			Date of Receipt <input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2015"/> Transaction ID : SA11AI.17395
Mailing Address 111 Shadowbrook Lane			Amount of Each Receipt this Period <input type="text" value="38.50"/> Payroll Deduction (\$38.50 Bi-Weekly)
City Youngsville	State LA	Zip Code 70592	
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Payroll Deduction (\$38.50 Bi-Weekly)
Name of Employer LGC Group	Occupation Director of Purchasing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="962.50"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="115.50"/>
TOTAL 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 37 OF 44
	<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. Anita Stagg
Full Name (Last, First, Middle Initial)

Mailing Address 713 Winding Willows

City Bossier City	State LA	Zip Code 71111
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
 12 / 07 / 2015
Transaction ID : SA11AI.17350

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10 Bi-Weekly)

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

Mailing Address 713 Winding Willows

City Bossier City	State LA	Zip Code 71111
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 12 / 18 / 2015
Transaction ID : SA11AI.17351

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10 Bi-Weekly)

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

Mailing Address 713 Winding Willows

City Bossier City	State LA	Zip Code 71111
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 12 / 30 / 2015
Transaction ID : SA11AI.17352

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 38 OF 44
(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

A. Tami Stout
 Full Name (Last, First, Middle Initial)
 Mailing Address 1113 Fawn Run
 City Somerset, State KY Zip Code 92501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation State Market Development Dir.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **460.00**

Date of Receipt **12 / 07 / 2015**
Transaction ID : SA11Al.17369
 Amount of Each Receipt this Period **20.00**
 Payroll Deduction (\$20 Bi-Weekly)

B. Tami Stout
 Full Name (Last, First, Middle Initial)
 Mailing Address 1113 Fawn Run
 City Somerset, State KY Zip Code 92501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation State Market Development Dir.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **12 / 18 / 2015**
Transaction ID : SA11Al.17370
 Amount of Each Receipt this Period **20.00**
 Payroll Deduction (\$20 Bi-Weekly)

C. Tami Stout
 Full Name (Last, First, Middle Initial)
 Mailing Address 1113 Fawn Run
 City Somerset, State KY Zip Code 92501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation State Market Development Dir.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **12 / 30 / 2015**
Transaction ID : SA11Al.17371
 Amount of Each Receipt this Period **20.00**
 Payroll Deduction (\$20 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **60.00**
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 39 OF 44
	<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 12 / 07 / 2015 Transaction ID : SA11AI.17396
Mailing Address 252 Purple Dawn Drive		Amount of Each Receipt this Period 38.50 Payroll Deduction (\$38.50 Bi-Weekly)
City Sunset	State LA	Zip Code 70584
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 885.50	
Name of Employer La. Home Care Group, Inc.	Occupation Director of Purchasing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Harold Taylor		Date of Receipt 12 / 18 / 2015 Transaction ID : SA11AI.17397
Mailing Address 252 Purple Dawn Drive		Amount of Each Receipt this Period 38.50 Payroll Deduction (\$38.50 Bi-Weekly)
City Sunset	State LA	Zip Code 70584
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 924.00	
Name of Employer La. Home Care Group, Inc.	Occupation Director of Purchasing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Harold Taylor		Date of Receipt 12 / 30 / 2015 Transaction ID : SA11AI.17398
Mailing Address 252 Purple Dawn Drive		Amount of Each Receipt this Period 38.50 Payroll Deduction (\$38.50 Bi-Weekly)
City Sunset	State LA	Zip Code 70584
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 962.50	
Name of Employer La. Home Care Group, Inc.	Occupation Director of Purchasing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	115.50
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 40 OF 44
(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

A. James Tobey
 Full Name (Last, First, Middle Initial)
 Mailing Address 465 Leo Avenue
 City Shreveport State LA Zip Code 71105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation Director of Sales and Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 12 / 07 / 2015
Transaction ID : SA11Al.17414
 Amount of Each Receipt this Period 50.00
 Payroll Deduction (\$50 Bi-Weekly)

B. James Tobey
 Full Name (Last, First, Middle Initial)
 Mailing Address 465 Leo Avenue
 City Shreveport State LA Zip Code 71105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation Director of Sales and Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 18 / 2015
Transaction ID : SA11Al.17415
 Amount of Each Receipt this Period 50.00
 Payroll Deduction (\$50 Bi-Weekly)

C. James Tobey
 Full Name (Last, First, Middle Initial)
 Mailing Address 465 Leo Avenue
 City Shreveport State LA Zip Code 71105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation Director of Sales and Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 12 / 30 / 2015
Transaction ID : SA11Al.17416
 Amount of Each Receipt this Period 50.00
 Payroll Deduction (\$50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
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: PAGE 41 OF 44
(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)
A. Cynthia Wells

Mailing Address 367 Adams Circle

City State Zip Code
 Crawfordsville AR 72327

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

Name of Employer Occupation
 LHC Groups Hospice Regional Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 460.00

Date of Receipt
 12 / 07 / 2015
Transaction ID : SA11AI.17372

Amount of Each Receipt this Period
 20.00

Payroll Deduction (\$20 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Cynthia Wells

Mailing Address 367 Adams Circle

City State Zip Code
 Crawfordsville AR 72327

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

Name of Employer Occupation
 LHC Groups Hospice Regional Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 12 / 18 / 2015
Transaction ID : SA11AI.17373

Amount of Each Receipt this Period
 20.00

Payroll Deduction (\$20 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Cynthia Wells

Mailing Address 367 Adams Circle

City State Zip Code
 Crawfordsville AR 72327

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

Name of Employer Occupation
 LHC Groups Hospice Regional Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 12 / 30 / 2015
Transaction ID : SA11AI.17374

Amount of Each Receipt this Period
 20.00

Payroll Deduction (\$20 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00

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: PAGE 42 OF 44
(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

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

Date of Receipt 12 / 07 / 2015
Transaction ID : SA11AI.17375
Amount of Each Receipt this Period 20.00
Payroll Deduction (\$20 Bi-Weekly)

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

Date of Receipt 12 / 18 / 2015
Transaction ID : SA11AI.17376
Amount of Each Receipt this Period 20.00
Payroll Deduction (\$20 Bi-Weekly)

C. Christa Williams
Full Name (Last, First, Middle Initial)
Mailing Address 1549 Camelot Dr,
City Henderson State KY Zip Code 42420
FEC ID number of contributing federal political committee. **C**
Name of Employer LHC Group Occupation RN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 30 / 2015
Transaction ID : SA11AI.17377
Amount of Each Receipt this Period 20.00
Payroll Deduction (\$20 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
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: PAGE 43 OF 44
(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)
A. Cheryl Wyatt

Mailing Address P.O. Box 279

City State Zip Code
 Del Rio TN 37727

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

Name of Employer Occupation
 LHC Group RN BM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 221.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2015

Transaction ID : SA11AI.17332

Amount of Each Receipt this Period
 9.62

Payroll Deduction (\$9.62 Bi-Weekly)

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

Mailing Address P.O. Box 279

City State Zip Code
 Del Rio TN 37727

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

Name of Employer Occupation
 LHC Group RN BM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : SA11AI.17333

Amount of Each Receipt this Period
 9.62

Payroll Deduction (\$9.62 Bi-Weekly)

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

Mailing Address P.O. Box 279

City State Zip Code
 Del Rio TN 37727

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

Name of Employer Occupation
 LHC Group RN BM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11AI.17334

Amount of Each Receipt this Period
 9.62

Payroll Deduction (\$9.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	28.86
TOTAL This Period (last page this line number only).....▶	2947.32

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF PAT TOOMEY

Mailing Address 228 S. WASHINGTON ST., SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Donation

011

Candidate Name

PATRICK JOSEPH TOOMEY

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 17 / 2015

Transaction ID : **SB23.17423**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. GREAT LAKES PAC

Mailing Address 700 13TH STREET NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Doantion

011

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 23 / 2015

Transaction ID : **SB23.17427**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement
Donation

011

Candidate Name

DEBBIE STABENOW

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 23 / 2015

Transaction ID : **SB23.17426**

Amount of Each Disbursement this Period

5000.00

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

12000.00

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

12000.00