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FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

					Office Use Only	
	AME OF OMMITTEE (in full)	USE FEC MAILING LAB OR TYPE OR PRINT	EL Example:If typin over the lines	g, type		
L	OUISIANA HEALTH CARE	GROUP EMPLOYEE FEI	DERAL POLITICAL ACTI	ON COMMITTEE IN	NC	
ADDR	ESS (number and street)	420 W. Pinhook Road				
П	Check if different than previously	Suite A				
	reported. (ACC)	LAFAYETTE		LA LA	70503	
2. F l	EC IDENTIFICATION NUM	MBER ¥	CITY A	STAT	EA ZIPCO	DE 🔺
	C00382796	3	B. IS THIS X	NEW (N) OR	AMENDED (A)	
	YPE OF REPORT Choose One)	(b) Monthly Report	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a	Quarterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	April 15 Quarterly Report(C	01)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
	July 15 Quarterly Report(C	(c) 12-Day	Primary (12	P) (General (12G)	Runoff (12R)
	October 15 Quarterly Report(C	Report for the	e: Convention	(12C)	Special (12G)	
	January 31 Quarterly Report(Y		lection on		in the State o	of
	July 31 Mid-Year Report(Non-election Year Only) (MY)	on (d) 30-Day Post -Election	on General (30	G) F	Runoff (30R)	Special (30S)
	Termination Repor	t Report for th	e:		in the	
	(1 = 1)	E	lection on		State o	of
5. C	overing Period 0	6 01 2007	through	06	30 2007	
		Report and to the best of m	y knowledge and belief it i	s true, correct and co	omplete.	
Type o	r Print Name of Treasurer	Jimmy Gravois				
Signat	ure of Treasurer Ele <u>ctro</u>	onically Filed by Jimmy G	ravois	Date	07 19	2007
NOTE	: Submission of false, erro	neous, or incomplete inform	nation may subject the per	son signing this Rep	ort to the penalties of 2 U.	S.C 437g.
	Office Use Only				FEC FOR (Rev. 02/20	

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 [®] D " D 0.6 0 1 2007 0.6 3 0 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand [°]2007 1636.97 January 1 (b) Cash on Hand at 3469.97 Begining of Reporting Period 727.50 14560.50 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 4197.47 16197.47 6(a) and 6(c) for Column B) 0.00 12000.00 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 4197.47 4197.47 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission

999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

0 1 м ₀ 2007 0 6 3 0 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 490.50 12972.50 (i) Itemized (use Schedule A) 237.00 1588.00 (ii) Unitemized (iii) TOTAL (add 727.50 14560.50 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 727.50 14560.50 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 727.50 14560.50 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 727.50 14560.50 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures	0.00	0.00
	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Committees Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	0.00	12000.00
	Independent Expenditure	0.00	0.00
	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs) (d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
).	Other Disbursements	0.00	0.00
1	Federal Election Activity (2 U.S.C 431(20))		
,.	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(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
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	12000.00
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	2.22	10000 00
	from Line 31)	0.00	12000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
33. Total Contributions (other than loans) from Line 11(d), page 3)	727.50	14560.50				
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00				
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	727.50	14560.50				
66. 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				
88. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00				

S	CHEDULE A (FEC Form 3X)		PAGE 6/8							
			Use separate schedule(s) or each category of the	(check only one)						
TI EIVIIZED TIEGEII TO		Detailed Summary Page		1c 12 5 16 17						
Δ.	ny information copied from such Reports and Sta									
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such	n committee.					
abla	NAME OF COMMITTEE (In Full)									
$ \rangle$	LOUISIANA HEALTH CARE GROUP EI	MPLOYEE	FEDERAL POLITICAL ACT	ION COMMITTEE INC						
\angle				_						
۸	Full Name (Last, First, Middle Initial) Mary Beaullieu			Date of Respire						
Α.	Mailing Address 134 Plantation Drive			Date of Receipt	YYYY					
	134 Flantation Drive			06 30 2007						
	City	State	Zip Code	Transaction ID: SA11	A1.5272					
	New Iberia	LA	70563	Amount of Each Receip	t this Period					
	FEC ID number of contributing	С			60.00					
	federal political committee.									
	Name of Employer Louisiana Health Care Gro-	Occupation	n	Payroll Deduction (\$2 Weekly)	0 Bi-					
	Louisiana Héalth Care Gro- up, I	Director of	of Nursing	VV CCITY)						
	Receipt For:	Aggregate	e Year-to-Date ▼							
	Primary General		260.00							
	Other (specify) ▼		200.00							
_	Full Name (Last, First, Middle Initial)									
В.				Date of Receipt						
	Mailing Address 235 Duperier Ave.			M M / D D /	YYYY					
	-			06 30 2007						
	City	State	Zip Code	Transaction ID: SA11						
	New Iberia	LA	70563	Amount of Each Receip	t this Period					
	FEC ID number of contributing federal political committee.	C			120.00					
Name of Employer Oc				Payroll Deduction (\$4	0 Ri-					
			n	Weekly)	0 DI-					
		VP/COO	Vacuta Data 🔻							
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼							
	Other (specify)		3060.00							
_	Full Name (Last, First, Middle Initial)									
C.	Keith Myers			Date of Receipt						
	Mailing Address 211 Morning Mist			06 30	2007					
	City	State	Zip Code	Transaction ID: SA11/	A1.5279					
	Sunset	LA	70584	Amount of Each Receip						
	FEC ID number of contributing				120.00					
	federal political committee.	C			120.00					
	Name of Employer	Occupation	<u> </u>	Payroll Deduction (\$4	0 Bi-					
	The LHC Group	President		Weekly)						
	Receipt For:		e Year-to-Date ▼							
	Primary General	1 1	4500.00							
	Other (specify)		4520.00							
_										
_	UDTOTAL (CD) 11 THE DOLLAR TO				300.00					
	UBTOTAL of Receipts This Page (optional)									
+	OTAL This Period (last page this line number or	alv)								
	The fine i choc (last page this line humber of	·· <i>y</i> / ······	······································							

Liz Starr

City

Iowa

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

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

Mailing Address 10218 Bell Road

General

General

FEC ID number of contributing

federal political committee.

Other (specify)

Full Name (Last, First, Middle Initial)

FEC ID number of contributing

federal political committee.

Name of Employer La. Home Care Group, Inc.

Other (specify)

Name of Employer The LHC Group

Primary

Receipt For:

B. Harold Taylor

Sunset

Receipt For:

Primary

City

PAGE 7/8 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 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. LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC Date of Receipt 0.6 30 2007 State Zip Code Transaction ID: SA11A1.5283 70647 Amount of Each Receipt this Period 75.00 C Payroll Deduction (\$25 Bi-Weekly) Occupation Regional Manager Aggregate Year-to-Date ▼ 350.00 Date of Receipt Mailing Address 252 Purple Dawn Drive 06 30 2007 Zip Code Transaction ID: SA11A1.5284 State LA 70584 Amount of Each Receipt this Period C 115.50 Payroll Deduction (\$38.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	•	190.50
TOTAL This Period (last page this line number only)	•	490.50

Occupation

Director of Purchasing

Aggregate Year-to-Date ▼

4538.00

S	CHEDULE B (FEC Form 3X)	Use sepe	Use seperate schedule(s)			NE NUMBER: PAGE 8/8							
IT	EMIZED DISBURSEMENTS		category of the Summary Page	F	check or 21b 27	22 28a		23 28b	24 28c	F	25 29	F	26 30b
	y Information copied from such Reports and St for commercial purposes, other than using the											s	
	NAME OF COMMITTEE (In Full) LOUISIANA HEALTH CARE GROUP E	EMPLOYEE FI	EDERAL POLI	ITICA	L ACTI	ON COM	1MIT	TEE I	NC				
Α.	Full Name (Last, First, Middle Initial) HASTERT FOR CONGRESS COMMIT	ITEE				Date		burse			2 0 ŏ 7	, Y	
	Mailing Address P. O. Box 625 PO BOX 625							007					
	City Batavia	State IL	Zip Code 60510			Amou	int of	Each I	Disburse	-		_	od
	Purpose of Disbursement Check never cleared the bank			T.] L.	_			-1	1000.	00	
	Candidate Name				egory/ /pe								
	Senate President	oursement For: X Primary Other (spe	2006 General										
В.	State: IL District: 14 Full Name (Last, First, Middle Initial) MARION BERRY FOR CONGRESS					Date	of Dis	burse					
	Mailing Address P.O. BOX 8084 P.O. BOX 8084					0 ^M 6	M /	1	6 ′ Ľ	Ž	0 ò 7	7 ^Y	
	City JONESBORO	State AR	Zip Code 72403			Amou	ınt of	Each I	Disburse	-		_	od
	Purpose of Disbursement Donation			0	11] L.	_			1	1000.	00	
	Candidate Name CHARLIE MELANCON CAMPAIGN CO	OMMITTEE			egory/ ype								
	Office Sought: X House Senate President State: AR District: 01	oursement For: X Primary Other (spe	2008 General										

1		
SUBTOTAL of Disbursements This Page (optional)		0.00
TOTAL This Period (last page this line number only)	•	0.00