

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

ADDRESS (number and street) 420 W. Pinhook Road
Suite A
 Check if different than previously reported. (ACC)
LAFAYETTE LA 70503

2. **FEC IDENTIFICATION NUMBER** C00382796
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 07 2006 in the State of LA

5. Covering Period 11 01 2006 through 11 27 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Jimmy Gravois

Signature of Treasurer Electronically Filed by Jimmy Gravois Date 12 07 2006

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**

Write or Type Committee Name
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		2717.43
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	3832.97									
(c) Total Receipts (from Line 19)	203.50	18319.04								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	4036.47	21036.47								
7. Total Disbursements (from Line 31)	1010.00	18010.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3026.47	3026.47								
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**

Write or Type Committee Name

LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

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	183.50	15824.50
(i) Itemized (use Schedule A)	20.00	2494.54
(ii) Unitemized	203.50	18319.04
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	203.50	18319.04
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	203.50	18319.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	203.50	18319.04

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	1000.00	18000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	10.00	10.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1010.00	18010.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	1010.00	18010.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	203.50	18319.04
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	203.50	18319.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 10
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial) Mary Beaulieu		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 134 Plantation Drive		Transaction ID: SA11A1.5089	
City State Zip Code New Iberia LA 70563	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$10 Bi-Weekly)		
Name of Employer Louisiana Health Care Group, I	Occupation Director of Nursing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

B. Full Name (Last, First, Middle Initial) Pat DeRouen		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 1468 Mandy Lane		Transaction ID: SA11A1.5080	
City State Zip Code Ville Platte LA 70586	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$10 Bi-Weekly)		
Name of Employer The LHC Group	Occupation Regional Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

C. Full Name (Last, First, Middle Initial) Barbara Goodman		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 420 W. Pinhook Road		Transaction ID: SA11A1.5082	
City State Zip Code Lafayette LA 70503	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$10 Bi-Weekly)		
Name of Employer LHC Group	Occupation Regional Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 10
	<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. Full Name (Last, First, Middle Initial)
John Indest

Mailing Address 235 Duperier Ave.

City State Zip Code
New Iberia LA 70563

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

Name of Employer Occupation
The LHC Group VP/COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
4840.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.5083

Amount of Each Receipt this Period
40.00

Payroll Deduction (\$40 Bi-Weekly)

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

Mailing Address 211 Morning Mist

City State Zip Code
Sunset LA 70584

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

Name of Employer Occupation
The LHC Group President/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
4840.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.5084

Amount of Each Receipt this Period
40.00

Payroll Deduction (\$40 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Liz Starr

Mailing Address 10218 Bell Road

City State Zip Code
Iowa LA 70647

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

Name of Employer Occupation
The LHC Group Regional Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.5086

Amount of Each Receipt this Period
25.00

Payroll Deduction (\$25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	105.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 10
	(check only one)
<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"/>	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Pamela Stevens

Mailing Address 900 W. Wilderness Way #60

City State Zip Code
Shreveport LA 71106

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

Name of Employer Occupation
LHC Group PI Team

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.5087

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Harold Taylor

Mailing Address 252 Purple Dawn Drive

City State Zip Code
Sunset LA 70584

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

Name of Employer Occupation
La. Home Care Group, Inc. Director of Purchasing

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 4807.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.5088

Amount of Each Receipt this Period
38.50

Payroll Deduction (\$38.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	48.50
TOTAL This Period (last page this line number only)	183.50

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 / 10

<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. KAREN CARTER FOR CONGRESS

Mailing Address 1215 PRYTANIA ST SUITE 364A

City NEW ORLEANS State LA Zip Code 70130

Purpose of Disbursement
Donation

Candidate Name
KAREN CARTER FOR CONGRESS

Office Sought: House
 Senate
 President

State: LA District: 02

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Runoff

Transaction ID: SB23.5094

Date of Disbursement

^M 1	^M 1	/	^D 1	^D 3	/	^Y 2	^Y 0	^Y 0	^Y 6
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Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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. Secretary of State		Transaction ID: SB29.5096 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 94125		Amount of Each Disbursement this Period 5.00
City Baton Rouge	State LA Zip Code 70804	
Purpose of Disbursement Filing Fee Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Secretary of State		Transaction ID: SB29.5097 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 94125		Amount of Each Disbursement this Period 5.00
City Baton Rouge	State LA Zip Code 70804	
Purpose of Disbursement Filing Fee Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

10.00

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

10.00