

# 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

Check if different than previously reported. (ACC)

LAFAYETTE

LA

70503

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

**C** 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 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |   |  |
|--------------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)            | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input checked="" type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10)           | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on / /  in the State of

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on / /  in the State of

5. Covering Period

08 / 01 / 2013 through 08 / 31 / 2013

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

09 / 20 / 2013

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

Office Use Only

FEC FORM 3X Rev. 12/2004

**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="2013"/>	<input type="text" value="3939.54"/>	<input type="text" value="3939.54"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="7520.12"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1169.39"/>	<input type="text" value="33799.97"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="8689.51"/>	<input type="text" value="37739.51"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8600.00"/>	<input type="text" value="37650.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="89.51"/>	<input type="text" value="89.51"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	924.71	22575.32
(ii) Unitemized .....	244.68	8724.65
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1169.39	31299.97
(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) .....	1169.39	31299.97
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	2500.00
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))..... ▶	1169.39	33799.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1169.39	33799.97

**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.....	8600.00	37650.00
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	0.00
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)) ..	8600.00	37650.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8600.00	37650.00

**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) .....	1169.39	31299.97
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1169.39	31299.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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. Mary Beaulieu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 134 Plantation Drive

City New Iberia	State LA	Zip Code 70563
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FEC ID number of contributing federal political committee. **C**

Name of Employer Louisiana Health Care Group, I	Occupation Director of Nursing
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	06	/	2013

**Transaction ID : SA11AI.12919**

Amount of Each Receipt this Period  
**20.00**

Payroll Deduction (\$20 Bi-Weekly)

**B. Angie Begnaud**  
Full Name (Last, First, Middle Initial)  
Mailing Address 645 Bellevue Plantation Road

City Lafayette	State LA	Zip Code 70503
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	06	/	2013

**Transaction ID : SA11AI.12921**

Amount of Each Receipt this Period  
**50.00**

Payroll Deduction (\$50 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 ▼ **510.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	06	/	2013

**Transaction ID : SA11AI.12924**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction (\$30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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. Chris Duhon**  
Full Name (Last, First, Middle Initial)

Mailing Address 10429 Rue de Duhon

City Abbeville State LA Zip Code 70510

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

Name of Employer LHC Group Occupation RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 06 / 2013**

**Transaction ID : SA11AI.12925**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction (\$30 Bi-Weekly)

**B. Ronda Dupree**  
Full Name (Last, First, Middle Initial)

Mailing Address 130 Hwy 132

City Delhi State LA Zip Code 71232

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 ▼ **510.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 06 / 2013**

**Transaction ID : SA11AI.12926**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction (\$30 Bi-Weekly)

**C. Shayne Ferguson**  
Full Name (Last, First, Middle Initial)

Mailing Address 390 Thicket Drive,

City Elizabethtown, State KY Zip Code 42701

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 ▼ **653.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 06 / 2013**

**Transaction ID : SA11AI.12958**

Amount of Each Receipt this Period  
**38.47**

Payroll Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>98.47</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2303 sandalwood Drive

City Lafayette State LA Zip Code 70570

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

Name of Employer LHC Group Occupation Area Sales Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **08 / 06 / 2013**

**Transaction ID : SA11AI.12959**

Amount of Each Receipt this Period **25.00**

Payroll Deduction (\$25 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 ▼ **255.00**

Date of Receipt **08 / 06 / 2013**

**Transaction ID : SA11AI.12960**

Amount of Each Receipt this Period **15.00**

Payroll Deduction (\$15 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 ▼ **510.00**

Date of Receipt **08 / 06 / 2013**

**Transaction ID : SA11AI.12927**

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **70.00**

**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 9 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Richard Hollier**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 95

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt **08 / 06 / 2013**

**Transaction ID : SA11AI.12961**

Amount of Each Receipt this Period **40.00**

Payroll Deduction (\$40 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 ▼ **850.00**

Date of Receipt **08 / 06 / 2013**

**Transaction ID : SA11AI.12922**

Amount of Each Receipt this Period **50.00**

Payroll Deduction (\$50 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 ▼ **510.00**

Date of Receipt **08 / 06 / 2013**

**Transaction ID : SA11AI.12928**

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30 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 10 OF 15
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Richard MacMillian**  
Full Name (Last, First, Middle Initial)

Mailing Address 324 Deer Park Trail

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 ▼ 3230.00

Date of Receipt 08 / 06 / 2013  
Transaction ID : SA11AI.12963

Amount of Each Receipt this Period 190.00

Payroll Deduction (\$190 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 ▼ 5680.00

Date of Receipt 08 / 06 / 2013  
Transaction ID : SA11AI.12965

Amount of Each Receipt this Period 40.00

Payroll Deduction (\$40 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 ▼ 327.08

Date of Receipt 08 / 06 / 2013  
Transaction ID : SA11AI.12967

Amount of Each Receipt this Period 19.24

Payroll Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 249.24

**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 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Albert Simien**  
Full Name (Last, First, Middle Initial)

Mailing Address 111 Shadowbrook Lane

City Youngsville State LA Zip Code 70592

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

Name of Employer LGC Group Occupation Director of Purchasing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **654.50**

Date of Receipt **08 / 06 / 2013**

**Transaction ID : SA11AI.12968**

Amount of Each Receipt this Period **38.50**

Payroll Deduction (\$38.50 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 ▼ **810.00**

Date of Receipt **08 / 06 / 2013**

**Transaction ID : SA11AI.12956**

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10 Bi-Weekly)

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

Mailing Address 204 Founders St.

City Lafayette State LA Zip Code 70508

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

Name of Employer LHC Group Occupation DVP - Hospice Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt **08 / 06 / 2013**

**Transaction ID : SA11AI.12929**

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **78.50**

**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: (check only one)	PAGE 12 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Tami Stout</b>		Date of Receipt MM / DD / YYYY 08 / 06 / 2013 <b>Transaction ID : SA11AI.12920</b>
Mailing Address 1113 Fawn Run		Amount of Each Receipt this Period 20.00
City Somerset, State KY Zip Code 92501	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$20 Bi-Weekly)
Name of Employer LHC Group Occupation State Market Development Dir.	Aggregate Year-to-Date 340.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Harold Taylor</b>		Date of Receipt MM / DD / YYYY 08 / 06 / 2013 <b>Transaction ID : SA11AI.12969</b>
Mailing Address 252 Purple Dawn Drive		Amount of Each Receipt this Period 38.50
City Sunset, State LA Zip Code 70584	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$38.50 Bi-Weekly)
Name of Employer La. Home Care Group, Inc. Occupation Director of Purchasing	Aggregate Year-to-Date 654.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Gary Thietten</b>		Date of Receipt MM / DD / YYYY 08 / 06 / 2013 <b>Transaction ID : SA11AI.12970</b>
Mailing Address 10611 Pine Shadow Road		Amount of Each Receipt this Period 100.00
City South Jordan, State UT Zip Code 84095	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$100 Bi-Weekly)
Name of Employer LHC Group Occupation VP of Corp. Development	Aggregate Year-to-Date 1700.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	158.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 13 OF 15  
(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. 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 ▼ **850.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 06 / 2013**

**Transaction ID : SA11AI.12923**

Amount of Each Receipt this Period  
**50.00**

Payroll Deduction (\$50 Bi-Weekly)

**B.**  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>50.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>924.71</b>

**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. ALASKANS FOR BEGICH 2014**

Mailing Address 1231 W NORTHERN LTS #605

City ANCHORAGE State AK Zip Code 99503

Purpose of Disbursement  
Donation

011

Candidate Name

**MARK BEGICH**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AK District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	1	3

**Transaction ID : SB23.12915**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. CORNYN MAJORITY COMMITTEE**

Mailing Address PO BOX 13026

City AUSTIN State TX Zip Code 78711

Purpose of Disbursement  
Donation

011

Candidate Name

**TEXANS FOR SENATOR JOHN CORNYN INC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	1	3

**Transaction ID : SB23.12976**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. FLEMING FOR CONGRESS**

Mailing Address P.O. BOX 1236

City MINDEN State LA Zip Code 71058

Purpose of Disbursement  
Donation

011

Candidate Name

**JOHN CALVIN JR. FLEMING**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	3

**Transaction ID : SB23.12914**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

6	0	0	0	0	0	0	0	0	0
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6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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 MARY LANDRIEU INC**

Mailing Address 607 14TH STREET NW SUITE 800  
SUITE 1434

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Donation

011

Category/  
Type

Candidate Name

**MARY L LANDRIEU**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 13 / 2013

**Transaction ID : SB23.12913**

Amount of Each Disbursement this Period

2600.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

2600.00

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

8600.00