

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:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 09 / 01 / 2013 through [MM] / [DD] / [YYYY] 09 / 30 / 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 10 / 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="89.51"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="15026.43"/>	<input type="text" value="48826.40"/>
(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="15115.94"/>	<input type="text" value="52765.94"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15040.50"/>	<input type="text" value="52690.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="75.44"/>	<input type="text" value="75.44"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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).....	13513.75	36089.07
(ii) Unitemized	1412.68	10137.33
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	14926.43	46226.40
(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)	14926.43	46226.40
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.....	100.00	2600.00
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))..... ▶	15026.43	48826.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15026.43	48826.40

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.....	15000.00	52650.00
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	40.50	40.50
(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)).....	40.50	40.50
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)) ..	15040.50	52690.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15040.50	52690.50

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)	14926.43	46226.40
34. Total Contribution Refunds (from Line 28(d))	40.50	40.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14885.93	46185.90
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 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Donald Adams
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 Lark Landing Way
 City Lafayette State LA Zip Code 70503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation Sr. VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5200.00**

Date of Receipt **09 / 05 / 2013**
Transaction ID : SA11AI.12994
 Amount of Each Receipt this Period **5200.00**
 Donation

B. Mary Beaulieu
 Full Name (Last, First, Middle Initial)
 Mailing Address 134 Plantation Drive
 City New Iberia State LA Zip Code 70563
 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 **360.00**

Date of Receipt **09 / 05 / 2013**
Transaction ID : SA11AI.13010
 Amount of Each Receipt this Period **20.00**
 Donation (\$20 Bi-Weekly)

c. Mary Beaulieu
 Full Name (Last, First, Middle Initial)
 Mailing Address 134 Plantation Drive
 City New Iberia State LA Zip Code 70563
 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 **380.00**

Date of Receipt **09 / 10 / 2013**
Transaction ID : SA11AI.13011
 Amount of Each Receipt this Period **20.00**
 Donation (\$20 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	5240.00
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 32
	<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. Mary Beaulieu
Full Name (Last, First, Middle Initial)
Mailing Address 134 Plantation Drive
City New Iberia State LA Zip Code 70563
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 **400.00**

Date of Receipt **09 / 19 / 2013**
Transaction ID : SA11Al.13179
Amount of Each Receipt this Period **200.00**
Donation (\$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
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 **900.00**

Date of Receipt **09 / 05 / 2013**
Transaction ID : SA11Al.13015
Amount of Each Receipt this Period **50.00**
Donation (\$50 Bi-Weekly)

c. Angie Begnaud
Full Name (Last, First, Middle Initial)
Mailing Address 645 Bellevue Plantation Road
City Lafayette State LA Zip Code 70503
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 **950.00**

Date of Receipt **09 / 10 / 2013**
Transaction ID : SA11Al.13016
Amount of Each Receipt this Period **50.00**
Donation (\$50 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 8 OF 32
	<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. 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 ▼ **540.00**

Date of Receipt
 09 / 05 / 2013
Transaction ID : SA11AI.13021

Amount of Each Receipt this Period
30.00

Donation (\$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
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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 ▼ **570.00**

Date of Receipt
 09 / 10 / 2013
Transaction ID : SA11AI.13022

Amount of Each Receipt this Period
30.00

Donation (\$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 ▼ **600.00**

Date of Receipt
 09 / 19 / 2013
Transaction ID : SA11AI.13182

Amount of Each Receipt this Period
30.00

Donation (\$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 9 OF 32
	<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. 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 ▼ 540.00

Date of Receipt
 09 / 05 / 2013
Transaction ID : SA11AI.13023
 Amount of Each Receipt this Period 30.00
 Donation (\$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
 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 ▼ 570.00

Date of Receipt
 09 / 10 / 2013
Transaction ID : SA11AI.13024
 Amount of Each Receipt this Period 30.00
 Donation (\$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
 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 ▼ 600.00

Date of Receipt
 09 / 19 / 2013
Transaction ID : SA11AI.13183
 Amount of Each Receipt this Period 30.00
 Donation (\$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 10 OF 32
	<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. Ronda Dupree		Date of Receipt
Mailing Address 130 Hwy 132		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Delhi	LA	71232
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11Al.13025
LHC Group	State Operation Director	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="540.00"/>	<input type="text" value="30.00"/>
<input type="checkbox"/> Other (specify) ▼		Donation (\$30 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Ronda Dupree		Date of Receipt
Mailing Address 130 Hwy 132		<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
Delhi	LA	71232
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11Al.13026
LHC Group	State Operation Director	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="570.00"/>	<input type="text" value="30.00"/>
<input type="checkbox"/> Other (specify) ▼		Donation (\$30 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Ronda Dupree		Date of Receipt
Mailing Address 130 Hwy 132		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
Delhi	LA	71232
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11Al.13187
LHC Group	State Operation Director	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	<input type="text" value="30.00"/>
<input type="checkbox"/> Other (specify) ▼		Donation (\$30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="90.00"/>
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 11 OF 32
	<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. 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 ▼ **692.46**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2013
Transaction ID : SA11Al.13116

Amount of Each Receipt this Period
38.47

Donation (\$38.47 Bi-Weekly)

B. 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 ▼ **730.93**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2013
Transaction ID : SA11Al.13117

Amount of Each Receipt this Period
38.47

Donation (\$38.47 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 ▼ **769.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2013
Transaction ID : SA11Al.13118

Amount of Each Receipt this Period
38.47

Donation (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **115.41**

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 32
	<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. Lessley Fontenot		Date of Receipt
Mailing Address 2303 sandalwood Drive		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Lafayette	LA	70570
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.13113
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer		Donation (\$25 Bi-Weekly)
LHC Group	Occupation	
LHC Group	Area Sales Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lessley Fontenot		Date of Receipt
Mailing Address 2303 sandalwood Drive		<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
Lafayette	LA	70570
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.13114
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer		Donation (\$25 Bi-Weekly)
LHC Group	Occupation	
LHC Group	Area Sales Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="425.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lessley Fontenot		Date of Receipt
Mailing Address 2303 sandalwood Drive		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
Lafayette	LA	70570
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.13115
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer		Donation (\$25 Bi-Weekly)
LHC Group	Occupation	
LHC Group	Area Sales Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="450.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
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 13 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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 **270.00**

Date of Receipt **09 / 05 / 2013**
Transaction ID : SA11Al.13119
 Amount of Each Receipt this Period **15.00**
 Donation (\$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 **285.00**

Date of Receipt **09 / 10 / 2013**
Transaction ID : SA11Al.13120
 Amount of Each Receipt this Period **15.00**
 Donation (\$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 **300.00**

Date of Receipt **09 / 19 / 2013**
Transaction ID : SA11Al.13121
 Amount of Each Receipt this Period **15.00**
 Donation (\$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 14 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. Mary Gray

Mailing Address 1528 Greenwich Circle

City State Zip Code
 Birmingham, AL 35226

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

Name of Employer Occupation
 LHC Group State Operation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 540.00

Date of Receipt
 09 / 05 / 2013
Transaction ID : SA11Al.13027

Amount of Each Receipt this Period
 30.00

Donation (\$30 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Mary Gray

Mailing Address 1528 Greenwich Circle

City State Zip Code
 Birmingham, AL 35226

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

Name of Employer Occupation
 LHC Group State Operation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 570.00

Date of Receipt
 09 / 10 / 2013
Transaction ID : SA11Al.13028

Amount of Each Receipt this Period
 30.00

Donation (\$30 Bi-Weekly)

Full Name (Last, First, Middle Initial)
c. Mary Gray

Mailing Address 1528 Greenwich Circle

City State Zip Code
 Birmingham, AL 35226

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

Name of Employer Occupation
 LHC Group State Operation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 09 / 19 / 2013
Transaction ID : SA11Al.13188

Amount of Each Receipt this Period
 30.00

Donation (\$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 15 OF 32
	<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 ▼ **720.00**

Date of Receipt **09 / 05 / 2013**

Transaction ID : SA11Al.13122

Amount of Each Receipt this Period **40.00**

Donation (\$40 Bi-Weekly)

B. 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 ▼ **760.00**

Date of Receipt **09 / 10 / 2013**

Transaction ID : SA11Al.13123

Amount of Each Receipt this Period **40.00**

Donation (\$40 Bi-Weekly)

C. 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 ▼ **800.00**

Date of Receipt **09 / 19 / 2013**

Transaction ID : SA11Al.13124

Amount of Each Receipt this Period **40.00**

Donation (\$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 16 OF 32
	<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

Full Name (Last, First, Middle Initial) A. Jeffrey Kreger		Date of Receipt 09 / 05 / 2013 Transaction ID : SA11AI.12998
Mailing Address 100 Creek Bnd		Amount of Each Receipt this Period 2000.00
City Lafayette	State LA	Zip Code 70508
FEC ID number of contributing federal political committee. C	Donation	
Name of Employer LHC Group	Occupation Sr. VP of Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Jeffrey Kreger		Date of Receipt 09 / 19 / 2013 Transaction ID : SA11AI.13203
Mailing Address 100 Creek Bnd		Amount of Each Receipt this Period 200.00
City Lafayette	State LA	Zip Code 70508
FEC ID number of contributing federal political committee. C	Donation (\$200 Bi-Weekly)	
Name of Employer LHC Group	Occupation Sr. VP of Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00	

Full Name (Last, First, Middle Initial) C. Melanie Kuehn		Date of Receipt 09 / 05 / 2013 Transaction ID : SA11AI.13017
Mailing Address 4205 Persimmon Way		Amount of Each Receipt this Period 50.00
City Lake Charles	State LA	Zip Code 70518
FEC ID number of contributing federal political committee. C	Donation (\$50 Bi-Weekly)	
Name of Employer LHC Group	Occupation DVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
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 17 OF 32
	<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 **950.00**

Date of Receipt **09 / 10 / 2013**
Transaction ID : SA11AI.13018
 Amount of Each Receipt this Period **50.00**
 Donation (\$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 **1000.00**

Date of Receipt **09 / 19 / 2013**
Transaction ID : SA11AI.13196
 Amount of Each Receipt this Period **50.00**
 Donation (\$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 **540.00**

Date of Receipt **09 / 05 / 2013**
Transaction ID : SA11AI.13029
 Amount of Each Receipt this Period **30.00**
 Donation (\$30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **130.00**
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 18 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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 ▼ **570.00**

Date of Receipt
 09 / 10 / 2013
Transaction ID : SA11Al.13030

Amount of Each Receipt this Period
30.00

Donation (\$30 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 ▼ **600.00**

Date of Receipt
 09 / 19 / 2013
Transaction ID : SA11Al.13189

Amount of Each Receipt this Period
30.00

Donation (\$30 Bi-Weekly)

C. Rob Little
Full Name (Last, First, Middle Initial)

Mailing Address 910 Briarwood

City Nashville State TN Zip Code 37221

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

Name of Employer LHC Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 09 / 12 / 2013
Transaction ID : SA11Al.13000

Amount of Each Receipt this Period
250.00

Donation

SUBTOTAL of Receipts This Page (optional).....▶	310.00
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 32
	<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. 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 **3420.00**

Date of Receipt **09 / 05 / 2013**
Transaction ID : SA11Al.13128
 Amount of Each Receipt this Period **190.00**
 Donation (\$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 **3620.00**

Date of Receipt **09 / 16 / 2013**
Transaction ID : SA11Al.13009
 Amount of Each Receipt this Period **200.00**
 Donation

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 **3810.00**

Date of Receipt **09 / 19 / 2013**
Transaction ID : SA11Al.13130
 Amount of Each Receipt this Period **190.00**
 Donation (\$190 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **580.00**
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 20 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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 ▼ 4510.00

Date of Receipt 09 / 27 / 2013
Transaction ID : SA11Al.13008
 Amount of Each Receipt this Period 700.00
 Donation

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 ▼ 5720.00

Date of Receipt 09 / 05 / 2013
Transaction ID : SA11Al.13125
 Amount of Each Receipt this Period 40.00
 Donation (\$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 ▼ 5760.00

Date of Receipt 09 / 10 / 2013
Transaction ID : SA11Al.13126
 Amount of Each Receipt this Period 40.00
 Donation (\$40 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	780.00
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 32
	<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. 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 ▼
5800.00

Date of Receipt
09 / 19 / 2013
Transaction ID : SA11AI.13127

Amount of Each Receipt this Period
40.00

Donation (\$40 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Cathy Newhouse

Mailing Address 97 Stonehill Road

City State Zip Code
Lafayette LA 70508

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

Name of Employer Occupation
LHC Group Sr. VP of Clinical Program Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
09 / 10 / 2013
Transaction ID : SA11AI.12996

Amount of Each Receipt this Period
400.00

Donation

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

Mailing Address 440 Hwy 758

City State Zip Code
Eunice LA 70535

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

Name of Employer Occupation
LHC Group PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.32

Date of Receipt
09 / 05 / 2013
Transaction ID : SA11AI.13152

Amount of Each Receipt this Period
19.24

Donation (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 459.24

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 22 OF 32
	<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 ▼ **365.56**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2013

Transaction ID : SA11AI.13153

Amount of Each Receipt this Period
 19.24

Donation (\$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 ▼ **384.80**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2013

Transaction ID : SA11AI.13154

Amount of Each Receipt this Period
 19.24

Donation (\$19.24 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 ▼ **202.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2013

Transaction ID : SA11AI.13066

Amount of Each Receipt this Period
 9.62

Donation (\$9.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	48.10
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 23 OF 32
	<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. 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 ▼ **693.00**

Date of Receipt **09 / 05 / 2013**

Transaction ID : SA11AI.13131

Amount of Each Receipt this Period **38.50**

Donation (\$38.50 Bi-Weekly)

B. 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 ▼ **731.50**

Date of Receipt **09 / 10 / 2013**

Transaction ID : SA11AI.13132

Amount of Each Receipt this Period **38.50**

Donation (\$38.50 Bi-Weekly)

C. 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 ▼ **770.00**

Date of Receipt **09 / 19 / 2013**

Transaction ID : SA11AI.13133

Amount of Each Receipt this Period **38.50**

Donation (\$38.50 Bi-Weekly)

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: (check only one)	PAGE 24 OF 32
	<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. Kermit Simmons
Full Name (Last, First, Middle Initial)

Mailing Address 3 Rue Christopher Crossing

City Natchitoches State LA Zip Code 71457

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

Name of Employer LHC Group Occupation DVP of Facility Based Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 10 / 2013
Transaction ID : SA11AI.12993

Amount of Each Receipt this Period 1000.00

Donation

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 ▼ 820.00

Date of Receipt 09 / 05 / 2013
Transaction ID : SA11AI.13102

Amount of Each Receipt this Period 10.00

Donation (\$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 ▼ 830.00

Date of Receipt 09 / 10 / 2013
Transaction ID : SA11AI.13103

Amount of Each Receipt this Period 10.00

Donation (\$10 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 1020.00

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 26 OF 32
	<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. Lori Stagg			Date of Receipt
Mailing Address 204 Founders St.			<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : SA11Al.13190
Lafayette	LA	70508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="30.00"/>
Name of Employer	Occupation		Donation (\$30 Bi-Weekly)
LHC Group	DVP - Hospice Operations		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Tami Stout			Date of Receipt
Mailing Address 1113 Fawn Run			<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : SA11Al.13012
Somerset,	KY	92501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		Donation (\$20 Bi-Weekly)
LHC Group	State Market Development Dir.		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Tami Stout			Date of Receipt
Mailing Address 1113 Fawn Run			<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : SA11Al.13013
Somerset,	KY	92501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		Donation (\$20 Bi-Weekly)
LHC Group	State Market Development Dir.		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="380.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="70.00"/>
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 27 OF 32
	<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. 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 **400.00**

Date of Receipt **09 / 19 / 2013**
Transaction ID : SA11AI.13181
Amount of Each Receipt this Period **20.00**
Donation (\$20 Bi-Weekly)

B. Harold Taylor
Full Name (Last, First, Middle Initial)
Mailing Address 252 Purple Dawn Drive
City Sunset, State LA Zip Code 70584
FEC ID number of contributing federal political committee. **C**
Name of Employer La. Home Care Group, Inc. Occupation Director of Purchasing
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **693.00**

Date of Receipt **09 / 05 / 2013**
Transaction ID : SA11AI.13134
Amount of Each Receipt this Period **38.50**
Donation (\$38.50 Bi-Weekly)

C. Harold Taylor
Full Name (Last, First, Middle Initial)
Mailing Address 252 Purple Dawn Drive
City Sunset, State LA Zip Code 70584
FEC ID number of contributing federal political committee. **C**
Name of Employer La. Home Care Group, Inc. Occupation Director of Purchasing
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **731.50**

Date of Receipt **09 / 10 / 2013**
Transaction ID : SA11AI.13135
Amount of Each Receipt this Period **38.50**
Donation (\$38.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **97.00**
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 28 OF 32
	<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. Harold Taylor
 Full Name (Last, First, Middle Initial)
 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:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 770.00

Date of Receipt
 09 / 19 / 2013
Transaction ID : SA11Al.13136
 Amount of Each Receipt this Period
 38.50
 Donation (\$38.50 Bi-Weekly)

B. Gary Thietten
 Full Name (Last, First, Middle Initial)
 Mailing Address 10611 Pine Shadow Road
 City State Zip Code
 South Jordan UT 84095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LHC Group VP of Corp. Development
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1800.00

Date of Receipt
 09 / 05 / 2013
Transaction ID : SA11Al.13137
 Amount of Each Receipt this Period
 100.00
 Donation (\$100 Bi-Weekly)

C. Gary Thietten
 Full Name (Last, First, Middle Initial)
 Mailing Address 10611 Pine Shadow Road
 City State Zip Code
 South Jordan UT 84095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LHC Group VP of Corp. Development
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1900.00

Date of Receipt
 09 / 10 / 2013
Transaction ID : SA11Al.13138
 Amount of Each Receipt this Period
 100.00
 Donation (\$100 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	238.50
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 29 OF 32
	<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. Gary Thietten
 Full Name (Last, First, Middle Initial)
 Mailing Address 10611 Pine Shadow Road
 City South Jordan State UT Zip Code 84095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation VP of Corp. Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 19 / 2013
Transaction ID : SA11Al.13139
 Amount of Each Receipt this Period 100.00
 Donation (\$100 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 ▼ 900.00

Date of Receipt 09 / 05 / 2013
Transaction ID : SA11Al.13019
 Amount of Each Receipt this Period 50.00
 Donation (\$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 ▼ 950.00

Date of Receipt 09 / 10 / 2013
Transaction ID : SA11Al.13020
 Amount of Each Receipt this Period 50.00
 Donation (\$50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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 ▼ 1000.00

Date of Receipt 09 / 19 / 2013
Transaction ID : SA11Al.13192

Amount of Each Receipt this Period 50.00

Donation (\$50 Bi-Weekly)

B. Dan Wilford
Full Name (Last, First, Middle Initial)

Mailing Address 420 West pinhook Road

City Lafayette State LA Zip Code 70503

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

Name of Employer LHC Group Occupation Board of Directors

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 10 / 2013
Transaction ID : SA11Al.12990

Amount of Each Receipt this Period 1000.00

Donation

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 ▼ 202.78

Date of Receipt 09 / 19 / 2013
Transaction ID : SA11Al.13195

Amount of Each Receipt this Period 20.00

Donation (\$20 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1070.00
TOTAL This Period (last page this line number only).....▶	13513.75

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 32
<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input checked="" type="checkbox"/> 12 <input checked="" 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. FRIENDS OF MARY LANDRIEU INC

Mailing Address 607 14TH STREET NW SUITE 800
SUITE 1434

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00325126

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 04 / 2013

Transaction ID : SA16.13205

Amount of Each Receipt this Period
100.00

Refund of Contribution

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

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

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

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

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

**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)

<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 SCHUMER

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement
Contribution

011

Candidate Name

CHARLES E SCHUMER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 00

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : SB23.12981

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. HAGAN FOR US SENATE INC

Mailing Address PO BOX 29103

City GREENSBORO State NC Zip Code 27429

Purpose of Disbursement
Donation

011

Candidate Name

KAY R HAGAN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 00

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2013

Transaction ID : SB23.12987

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. UDALL FOR COLORADO

Mailing Address PO BOX 40158

City DENVER State CO Zip Code 80204

Purpose of Disbursement
Doantion

011

Candidate Name

MARK E UDALL

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 00

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : SB23.12984

Amount of Each Disbursement this Period

5000.00

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

15000.00

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

15000.00