

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

Check if different than previously reported. (ACC) Suite A

LAFAYETTE LA 70503

2. **FEC IDENTIFICATION NUMBER ▼** C00382796 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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 M M / D D / Y Y Y Y Y Y in the State of

(d) 30-Day **POST-Election** Report for the:

General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of LA

5. Covering Period M M / D D / Y Y Y Y Y Y 10 / 16 / 2014 through M M / D D / Y Y Y Y Y Y 11 / 24 / 2014

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 M M / D D / Y Y Y Y Y Y 01 / 30 / 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value=""/>	<input type="text" value="1061.18"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="25872.50"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2885.86"/>	<input type="text" value="37447.18"/>
(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="28758.36"/>	<input type="text" value="38508.36"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11550.00"/>	<input type="text" value="21300.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="17208.36"/>	<input type="text" value="17208.36"/>
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).....	2733.36	25563.41
(ii) Unitemized	152.50	11883.77
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2885.86	37447.18
(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)	2885.86	37447.18
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	2885.86	37447.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2885.86	37447.18

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.....	11550.00	21300.00
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)) ..	11550.00	21300.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11550.00	21300.00

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)	2885.86	37447.18
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2885.86	37447.18
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 38
	<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. Pam Bridges
Full Name (Last, First, Middle Initial)
Mailing Address 1625 Ormandy Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2014

Transaction ID : SA11AI.15604

Amount of Each Receipt this Period

30.00

Payroll Deduction (\$30 Bi-Weekly)

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2014

Transaction ID : SA11AI.15605

Amount of Each Receipt this Period

30.00

Payroll Deduction (\$30 Bi-Weekly)

C. Carolyn Clark
Full Name (Last, First, Middle Initial)
Mailing Address 220 Greenhaven Dr,

City Lafayette,	State LA	Zip Code 70508
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.26**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2014

Transaction ID : SA11AI.15543

Amount of Each Receipt this Period

9.62

Payroll Deduction (\$9.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	69.62
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 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

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

Name of Employer LHC Group Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.88**

Date of Receipt **11 / 13 / 2014**
Transaction ID : SA11AI.15544

Amount of Each Receipt this Period **9.62**

Payroll Deduction (\$9.62 Bi-Weekly)

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

Mailing Address HC 71 box 65,
City Asbury State WV Zip Code 24916

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

Name of Employer LHC Group Occupation Office Assistant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **10 / 30 / 2014**
Transaction ID : SA11AI.15567

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10 Bi-Weekly)

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

Mailing Address HC 71 box 65,
City Asbury State WV Zip Code 24916

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

Name of Employer LHC Group Occupation Office Assistant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **11 / 13 / 2014**
Transaction ID : SA11AI.15568

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **29.62**

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 38
	<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. Candance Comeaux
Full Name (Last, First, Middle Initial)
Mailing Address 2209 Belle Ruelle,
City New Iberia State LA Zip Code 70563
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 ▼ 221.26

Date of Receipt 10 / 30 / 2014
Transaction ID : SA11AI.15545
Amount of Each Receipt this Period 9.62
Payroll Deduction (\$9.62 Bi-Weekly)

B. Candance Comeaux
Full Name (Last, First, Middle Initial)
Mailing Address 2209 Belle Ruelle,
City New Iberia State LA Zip Code 70563
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 ▼ 230.88

Date of Receipt 11 / 13 / 2014
Transaction ID : SA11AI.15546
Amount of Each Receipt this Period 9.62
Payroll Deduction (\$9.62 Bi-Weekly)

C. Eric Cruickshank
Full Name (Last, First, Middle Initial)
Mailing Address 2206 Lacache,
City Lake Charles State LA Zip Code 70610
FEC ID number of contributing federal political committee. **C**
Name of Employer LHC Group Occupation OT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 221.26

Date of Receipt 10 / 30 / 2014
Transaction ID : SA11AI.15547
Amount of Each Receipt this Period 9.62
Payroll Deduction (\$9.62 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 38
	<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. Eric Cruickshank
Full Name (Last, First, Middle Initial)

Mailing Address 2206 Lacache,
City Lake Charles State LA Zip Code 70610

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

Name of Employer LHC Group Occupation OT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.88**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2014
Transaction ID : SA11AI.15548

Amount of Each Receipt this Period
9.62

Payroll Deduction (\$9.62 Bi-Weekly)

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

Mailing Address 8 Worthington Lane,
City Parkersburg State WV Zip Code 26104

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

Name of Employer LHC Group Occupation DON

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.26**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2014
Transaction ID : SA11AI.15549

Amount of Each Receipt this Period
9.62

Payroll Deduction (\$9.62 Bi-Weekly)

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

Mailing Address 8 Worthington Lane,
City Parkersburg State WV Zip Code 26104

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

Name of Employer LHC Group Occupation DON

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.88**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2014
Transaction ID : SA11AI.15550

Amount of Each Receipt this Period
9.62

Payroll Deduction (\$9.62 Bi-Weekly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 38
	<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. Anna DeLee
Full Name (Last, First, Middle Initial)

Mailing Address 17336 Hwy 432

City Clinton State LA Zip Code 70722

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

Name of Employer LHC Group Occupation Director of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11Al.15569

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10 Bi-Weekly)

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

Mailing Address 17336 Hwy 432

City Clinton State LA Zip Code 70722

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

Name of Employer LHC Group Occupation Director of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2014

Transaction ID : SA11Al.15570

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10 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 ▼ **690.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11Al.15606

Amount of Each Receipt this Period
30.00

Payroll Deduction (\$30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **50.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 10429 Rue de Duhon

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

Name of Employer LHC Group	Occupation RN
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt
 / /
11 / 13 / 2014

Transaction ID : SA11AI.15607

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

Name of Employer LHC Group	Occupation State Operation Director
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt
 / /
10 / 30 / 2014

Transaction ID : SA11AI.15608

Amount of Each Receipt this Period
 30.00

Payroll Deduction (\$30 Bi-Weekly)

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

Mailing Address 130 Hwy 132

City Delhi	State LA	Zip Code 71232
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FEC ID number of contributing federal political committee. **C**

Name of Employer LHC Group	Occupation State Operation Director
-------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt
 / /
11 / 13 / 2014

Transaction ID : SA11AI.15609

Amount of Each Receipt this Period
 30.00

Payroll Deduction (\$30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text"/> 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 12 OF 38
	<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. Carlin Elrod		Date of Receipt MM / DD / YYYY 10 / 30 / 2014 Transaction ID : SA11AI.15551
Mailing Address 252 Farview STREET		Amount of Each Receipt this Period 9.62 Payroll Deduction (\$9.62 Bi-Weekly)
City Humboldt	State TN	Zip Code 38343
FEC ID number of contributing federal political committee. C	Name of Employer LHC Group	Occupation Physical Therapist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.26	

Full Name (Last, First, Middle Initial) B. Carlin Elrod		Date of Receipt MM / DD / YYYY 11 / 13 / 2014 Transaction ID : SA11AI.15552
Mailing Address 252 Farview STREET		Amount of Each Receipt this Period 9.62 Payroll Deduction (\$9.62 Bi-Weekly)
City Humboldt	State TN	Zip Code 38343
FEC ID number of contributing federal political committee. C	Name of Employer LHC Group	Occupation Physical Therapist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.88	

Full Name (Last, First, Middle Initial) C. Gloria Eschete		Date of Receipt MM / DD / YYYY 10 / 30 / 2014 Transaction ID : SA11AI.15571
Mailing Address 341 Sugar Plum St.		Amount of Each Receipt this Period 10.00 Payroll Deduction (\$10 Bi-Weekly)
City Houma,	State LA	Zip Code 70364
FEC ID number of contributing federal political committee. C	Name of Employer LHC Group	Occupation RN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional).....▶	29.24
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:		PAGE 13 OF 38	
	(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	

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. Gloria Eschete		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 13 / 2014 Transaction ID : SA11AI.15572
Mailing Address 341 Sugar Plum St.		Amount of Each Receipt this Period 60.00
City Houma,	State LA	Zip Code 70364
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$10 Bi-Weekly)	
Name of Employer LHC Group	Occupation RN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Lessley Fontenot		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2014 Transaction ID : SA11AI.15602
Mailing Address 2303 sandalwood Drive		Amount of Each Receipt this Period 25.00
City Lafayette	State LA	Zip Code 70570
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$25 Bi-Weekly)	
Name of Employer LHC Group	Occupation Area Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) C. Lessley Fontenot		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 13 / 2014 Transaction ID : SA11AI.15603
Mailing Address 2303 sandalwood Drive		Amount of Each Receipt this Period 25.00
City Lafayette	State LA	Zip Code 70570
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$25 Bi-Weekly)	
Name of Employer LHC Group	Occupation Area Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 14 OF 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Jules Galiouras
 Full Name (Last, First, Middle Initial)
 Mailing Address 804 Woodmont Dr.
 City Convington State LA Zip Code 70433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation DVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2014
Transaction ID : SA11AI.15587
 Amount of Each Receipt this Period 20.00
 Payroll Deduction (\$20 Bi-Weekly)

B. Jules Galiouras
 Full Name (Last, First, Middle Initial)
 Mailing Address 804 Woodmont Dr.
 City Convington State LA Zip Code 70433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation DVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2014
Transaction ID : SA11AI.15588
 Amount of Each Receipt this Period 20.00
 Payroll Deduction (\$20 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 ▼ 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2014
Transaction ID : SA11AI.15582
 Amount of Each Receipt this Period 15.00
 Payroll Deduction (\$15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00
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 38
	<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. Barbara Goodman
Full Name (Last, First, Middle Initial)

Mailing Address 420 W. Pinhook Road

City Lafayette State LA Zip Code 70503

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

Name of Employer LHC Group Occupation Regional Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **11 / 13 / 2014**

Transaction ID : SA11Al.15583

Amount of Each Receipt this Period **15.00**

Payroll Deduction (\$15 Bi-Weekly)

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

Mailing Address 1528 Greenwich Circle

City Birmingham, State AL Zip Code 35226

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

Name of Employer LHC Group Occupation State Operation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt **10 / 30 / 2014**

Transaction ID : SA11Al.15610

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30 Bi-Weekly)

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

Mailing Address 1528 Greenwich Circle

City Birmingham, State AL Zip Code 35226

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

Name of Employer LHC Group Occupation State Operation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt **11 / 13 / 2014**

Transaction ID : SA11Al.15611

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30 Bi-Weekly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 38
<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. Christopher Hardy		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014 Transaction ID : SA11AI.15553
Mailing Address 161 Rue Katherine,		Amount of Each Receipt this Period 9.62
City Opelousas	State LA	Zip Code 70570
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$9.62 Bi-Weekly)	
Name of Employer LHC Group	Occupation OT	Aggregate Year-to-Date ▼ 221.26
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Christopher Hardy		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014 Transaction ID : SA11AI.15554
Mailing Address 161 Rue Katherine,		Amount of Each Receipt this Period 9.62
City Opelousas	State LA	Zip Code 70570
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$9.62 Bi-Weekly)	
Name of Employer LHC Group	Occupation OT	Aggregate Year-to-Date ▼ 230.88
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Richard Hollier		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014 Transaction ID : SA11AI.15618
Mailing Address P.O. Box 95		Amount of Each Receipt this Period 40.00
City Opleousas	State LA	Zip Code 70571
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$40 Bi-Weekly)	
Name of Employer Louisiana Health Care Group, I	Occupation Legal Compliance	Aggregate Year-to-Date ▼ 920.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	59.24
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 17 OF 38
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Richard Hollier		Date of Receipt MM / DD / YYYY 11 / 13 / 2014 Transaction ID : SA11Al.15619
Mailing Address P.O. Box 95		Amount of Each Receipt this Period 40.00
City Opleousas	State LA	Zip Code 70571
FEC ID number of contributing federal political committee. C	Name of Employer Louisiana Health Care Group, I	Occupation Legal Compliance
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	
Payroll Deduction (\$40 Bi-Weekly)		

Full Name (Last, First, Middle Initial) B. Pamela Hooks		Date of Receipt MM / DD / YYYY 10 / 30 / 2014 Transaction ID : SA11Al.15555
Mailing Address 369 Sir Thomas Henry		Amount of Each Receipt this Period 9.62
City Opelousas	State LA	Zip Code 70570
FEC ID number of contributing federal political committee. C	Name of Employer LHC Group	Occupation RN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.26	
Payroll Deduction (\$9.62 Bi-Weekly)		

Full Name (Last, First, Middle Initial) C. Pamela Hooks		Date of Receipt MM / DD / YYYY 11 / 13 / 2014 Transaction ID : SA11Al.15556
Mailing Address 369 Sir Thomas Henry		Amount of Each Receipt this Period 9.62
City Opelousas	State LA	Zip Code 70570
FEC ID number of contributing federal political committee. C	Name of Employer LHC Group	Occupation RN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.88	
Payroll Deduction (\$9.62 Bi-Weekly)		

SUBTOTAL of Receipts This Page (optional).....▶	59.24
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 18 OF 38
	<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. Kathleen Keirle
 Full Name (Last, First, Middle Initial)
 Mailing Address 907 Cindy Lane,
 City Westminister State MD Zip Code 21157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation RN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2014
Transaction ID : SA11AI.15557
 Amount of Each Receipt this Period 9.62
 Payroll Deduction (\$9.62 Bi-Weekly)

B. Kathleen Keirle
 Full Name (Last, First, Middle Initial)
 Mailing Address 907 Cindy Lane,
 City Westminister State MD Zip Code 21157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation RN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2014
Transaction ID : SA11AI.15558
 Amount of Each Receipt this Period 9.62
 Payroll Deduction (\$9.62 Bi-Weekly)

C. Jeffrey Kreger
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Creek Bnd
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation Sr. VP of Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2014
Transaction ID : SA11AI.15634
 Amount of Each Receipt this Period 200.00
 Payroll Deduction (\$200 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	219.24
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 19 OF 38
	<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. Jeffrey Kreger		Date of Receipt MM / DD / YYYY 11 / 13 / 2014 Transaction ID : SA11AI.15635
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	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 ▼ 4800.00	
		Payroll Deduction (\$200 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Melanie Kuehn		Date of Receipt MM / DD / YYYY 10 / 30 / 2014 Transaction ID : SA11AI.15626
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	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 ▼ 1150.00	
		Payroll Deduction (\$50 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Melanie Kuehn		Date of Receipt MM / DD / YYYY 11 / 13 / 2014 Transaction ID : SA11AI.15627
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	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 ▼ 1200.00	
		Payroll Deduction (\$50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 238 Dogwood Springs Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **920.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2014

Transaction ID : SA11AI.15620

Amount of Each Receipt this Period

40.00

Payroll Deduction (\$40 Bi-Weekly)

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

Mailing Address 238 Dogwood Springs Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2014

Transaction ID : SA11AI.15621

Amount of Each Receipt this Period

40.00

Payroll Deduction (\$40 Bi-Weekly)

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

Mailing Address 1215 Gendarme Rd

City Carencro	State LA	Zip Code 70520
------------------	-------------	-------------------

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

Name of Employer LHC Group	Occupation Director of Technology
-------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **460.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2014

Transaction ID : SA11AI.15590

Amount of Each Receipt this Period

20.00

Payroll Deduction (\$20 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	100.00
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 38
	<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. Ryan Latiolais
Full Name (Last, First, Middle Initial)

Mailing Address 1215 Gendarme Rd

City Carencro State LA Zip Code 70520

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

Name of Employer LHC Group Occupation Director of Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **11 / 13 / 2014**

Transaction ID : SA11AI.15591

Amount of Each Receipt this Period **20.00**

Payroll Deduction (\$20 Bi-Weekly)

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

Mailing Address 5908 John Boudreaux Road,

City Abbeville State LA Zip Code 70510

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

Name of Employer LHC Group Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **460.00**

Date of Receipt **10 / 30 / 2014**

Transaction ID : SA11AI.15592

Amount of Each Receipt this Period **20.00**

Payroll Deduction (\$20 Bi-Weekly)

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

Mailing Address 5908 John Boudreaux Road,

City Abbeville State LA Zip Code 70510

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

Name of Employer LHC Group Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **11 / 13 / 2014**

Transaction ID : SA11AI.15593

Amount of Each Receipt this Period **20.00**

Payroll Deduction (\$20 Bi-Weekly)

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Richard MacMillian			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014 Transaction ID : SA11AI.15632
Mailing Address 324 Deer Park Trial			Amount of Each Receipt this Period 190.00
City Lafayette	State LA	Zip Code 70508	Payroll Deduction (\$190 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 4180.00	
Name of Employer LHC Group	Occupation Legal Counsel	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Richard MacMillian			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014 Transaction ID : SA11AI.15633
Mailing Address 324 Deer Park Trial			Amount of Each Receipt this Period 190.00
City Lafayette	State LA	Zip Code 70508	Payroll Deduction (\$190 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 4370.00	
Name of Employer LHC Group	Occupation Legal Counsel	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Spencer Marks			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014 Transaction ID : SA11AI.15573
Mailing Address 5467 Highway 182			Amount of Each Receipt this Period 10.00
City Opelousas	State LA	Zip Code 70570	Payroll Deduction (\$10 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 230.00	
Name of Employer LHC Group	Occupation Telecom Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Receipts This Page (optional).....▶	390.00
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 23 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Spencer Marks		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014 Transaction ID : SA11AI.15575
Mailing Address 5467 Highway 182		Amount of Each Receipt this Period 10.00
City Opelousas State LA Zip Code 70570	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$10 Bi-Weekly)
Name of Employer LHC Group Occupation Telecom Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00

Full Name (Last, First, Middle Initial) B. Rebecca McCoy		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014 Transaction ID : SA11AI.15612
Mailing Address 57 Short Side Drive		Amount of Each Receipt this Period 30.00
City Williamstown State WV Zip Code 26187	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30 Bi-Weekly)
Name of Employer LHC Group Occupation State Operations Mgr	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00

Full Name (Last, First, Middle Initial) C. Rebecca McCoy		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014 Transaction ID : SA11AI.15613
Mailing Address 57 Short Side Drive		Amount of Each Receipt this Period 30.00
City Williamstown State WV Zip Code 26187	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30 Bi-Weekly)
Name of Employer LHC Group Occupation State Operations Mgr	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00

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 24 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Paul Mcdonald		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014 Transaction ID : SA11Al.15576
Mailing Address 6120 Lindholm Dr,		Amount of Each Receipt this Period 10.00
City State Zip Code Mobile AL 36693	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$10 Bi-Weekly)
Name of Employer Occupation LHC Group PTA	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00

Full Name (Last, First, Middle Initial) B. Paul Mcdonald		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014 Transaction ID : SA11Al.15577
Mailing Address 6120 Lindholm Dr,		Amount of Each Receipt this Period 10.00
City State Zip Code Mobile AL 36693	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$10 Bi-Weekly)
Name of Employer Occupation LHC Group PTA	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00

Full Name (Last, First, Middle Initial) C. Brach Myers		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014 Transaction ID : SA11Al.15622
Mailing Address 201 Worth Ave.		Amount of Each Receipt this Period 40.00
City State Zip Code Lafayette LA 70508	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$40 Bi-Weekly)
Name of Employer Occupation LHC Group Vice President of Strategic Partnershi	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 38
	<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. Brach Myers

Mailing Address 201 Worth Ave.

City Lafayette	State LA	Zip Code 70508
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FEC ID number of contributing federal political committee. **C**

Name of Employer LHC Group	Occupation Vice President of Strategic Partnershi
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2014

Transaction ID : SA11AI.15623

Amount of Each Receipt this Period

40.00

Payroll Deduction (\$40 Bi-Weekly)

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

Mailing Address 211 Morning Mist

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **920.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2014

Transaction ID : SA11AI.15624

Amount of Each Receipt this Period

40.00

Payroll Deduction (\$40 Bi-Weekly)

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

Mailing Address 211 Morning Mist

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2014

Transaction ID : SA11AI.15625

Amount of Each Receipt this Period

40.00

Payroll Deduction (\$40 Bi-Weekly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 38
	<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. Ted Pappas
Full Name (Last, First, Middle Initial)

Mailing Address 440 Hwy 758

City Eunice State LA Zip Code 70535

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

Name of Employer LHC Group Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **442.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11AI.15585

Amount of Each Receipt this Period
19.24

Payroll Deduction (\$19.24 Bi-Weekly)

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

Mailing Address 440 Hwy 758

City Eunice State LA Zip Code 70535

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

Name of Employer LHC Group Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.76**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2014

Transaction ID : SA11AI.15586

Amount of Each Receipt this Period
19.24

Payroll Deduction (\$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 ▼ **221.26**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11AI.15559

Amount of Each Receipt this Period
9.62

Payroll Deduction (\$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 27 OF 38
	<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. Linda Parlow		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014 Transaction ID : SA11AI.15560
Mailing Address PO Box 15,		Amount of Each Receipt this Period 9.62
City Alamo	State TN	Zip Code 38001
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$9.62 Bi-Weekly)
Name of Employer LHC Group	Occupation RN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.88	

Full Name (Last, First, Middle Initial) B. Katie Reiman		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014 Transaction ID : SA11AI.15561
Mailing Address 815 Pecan Drive,		Amount of Each Receipt this Period 9.62
City St Gabriel	State LA	Zip Code 70776
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$9.62 Bi-Weekly)
Name of Employer LHC Group	Occupation Speech Pathology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.26	

Full Name (Last, First, Middle Initial) C. Katie Reiman		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014 Transaction ID : SA11AI.15562
Mailing Address 815 Pecan Drive,		Amount of Each Receipt this Period 9.62
City St Gabriel	State LA	Zip Code 70776
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$9.62 Bi-Weekly)
Name of Employer LHC Group	Occupation Speech Pathology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.88	

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 38
	<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. Melisa Rittenberry
Full Name (Last, First, Middle Initial)

Mailing Address 3341 Quail Run Ct

City Nashville State TN Zip Code 37214

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

Name of Employer LHC Group Occupation Regional Operations Directory

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **460.00**

Date of Receipt **10 / 30 / 2014**

Transaction ID : SA11AI.15594

Amount of Each Receipt this Period **20.00**

Payroll Deduction (\$20 Bi-Weekly)

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

Mailing Address 3341 Quail Run Ct

City Nashville State TN Zip Code 37214

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

Name of Employer LHC Group Occupation Regional Operations Directory

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **11 / 13 / 2014**

Transaction ID : SA11AI.15595

Amount of Each Receipt this Period **20.00**

Payroll Deduction (\$20 Bi-Weekly)

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

Mailing Address 5502 Coteau Road

City New Iberia State LA Zip Code 70560

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

Name of Employer LHC Group Occupation CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **10 / 30 / 2014**

Transaction ID : SA11AI.15578

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **50.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 38
	<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. William Sanford			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014 Transaction ID : SA11Al.15579
Mailing Address 5502 Coteau Road			Amount of Each Receipt this Period 87.00
City New Iberia	State LA	Zip Code 70560	Payroll Deduction (\$10 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 240.00	
Name of Employer LHC Group	Occupation CIO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Albert Simien			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014 Transaction ID : SA11Al.15614
Mailing Address 111 Shadowbrook Lane			Amount of Each Receipt this Period 38.50
City Youngsville	State LA	Zip Code 70592	Payroll Deduction (\$38.50 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 885.50	
Name of Employer LGC Group	Occupation Director of Purchasing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Albert Simien			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014 Transaction ID : SA11Al.15615
Mailing Address 111 Shadowbrook Lane			Amount of Each Receipt this Period 38.50
City Youngsville	State LA	Zip Code 70592	Payroll Deduction (\$38.50 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 924.00	
Name of Employer LGC Group	Occupation Director of Purchasing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	87.00
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 38
	<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. Ann Spade

Mailing Address 3994 Lost Pavement Road

City Parkersburg State WV Zip Code 26101

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

Name of Employer LHC Group Occupation DON

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11AI.15636

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10 Bi-Weekly)

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

Mailing Address 713 Winding Willows

City Bossier City State LA Zip Code 71111

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

Name of Employer LHC Group Occupation DVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11AI.15580

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10 Bi-Weekly)

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

Mailing Address 713 Winding Willows

City Bossier City State LA Zip Code 71111

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

Name of Employer LHC Group Occupation DVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2014

Transaction ID : SA11AI.15581

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10 Bi-Weekly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 38
	<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. Tami Stout		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2014 Transaction ID : SA11AI.15596
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 460.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Tami Stout		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 13 / 2014 Transaction ID : SA11AI.15597
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 480.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Harold Taylor		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2014 Transaction ID : SA11AI.15616
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 885.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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:	PAGE 32 OF 38
	(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"/> 15
<input type="checkbox"/> 16	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Harold Taylor		Date of Receipt MM / DD / YYYY 11 / 13 / 2014 Transaction ID : SA11AI.15617
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 924.00	

Full Name (Last, First, Middle Initial) B. Gary Thietten		Date of Receipt MM / DD / YYYY 10 / 30 / 2014 Transaction ID : SA11AI.15630
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) C. Gary Thietten		Date of Receipt MM / DD / YYYY 11 / 13 / 2014 Transaction ID : SA11AI.15631
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

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 33 OF 38
	<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. James Tobey
Full Name (Last, First, Middle Initial)

Mailing Address 465 Leo Avenue

City Shreveport State LA Zip Code 71105

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

Name of Employer LHC Group Occupation Director of Sales and Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1150.00**

Date of Receipt **10 / 30 / 2014**

Transaction ID : SA11AI.15628

Amount of Each Receipt this Period **50.00**

Payroll Deduction (\$50 Bi-Weekly)

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

Mailing Address 465 Leo Avenue

City Shreveport State LA Zip Code 71105

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

Name of Employer LHC Group Occupation Director of Sales and Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt **11 / 13 / 2014**

Transaction ID : SA11AI.15629

Amount of Each Receipt this Period **50.00**

Payroll Deduction (\$50 Bi-Weekly)

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

Mailing Address 4507 Briarwood Terrace,

City Marshall State TX Zip Code 75672

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

Name of Employer LHC Group Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.26**

Date of Receipt **10 / 30 / 2014**

Transaction ID : SA11AI.15563

Amount of Each Receipt this Period **9.62**

Payroll Deduction (\$9.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **109.62**

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 34 OF 38
	<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. Jackie Weeks
Full Name (Last, First, Middle Initial)
Mailing Address 4507 Briarwood Terrace,
City Marshall State TX Zip Code 75672
FEC ID number of contributing federal political committee. **C**
Name of Employer LHC Group Occupation RN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **230.88**

Date of Receipt **11 / 13 / 2014**
Transaction ID : SA11AI.15564
Amount of Each Receipt this Period **9.62**
Payroll Deduction (\$9.62 Bi-Weekly)

B. Cynthia Wells
Full Name (Last, First, Middle Initial)
Mailing Address 367 Adams Circle
City Crawfordsville State AR Zip Code 72327
FEC ID number of contributing federal political committee. **C**
Name of Employer LHC Groups Occupation Hospice Regional Operations Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **460.00**

Date of Receipt **10 / 30 / 2014**
Transaction ID : SA11AI.15598
Amount of Each Receipt this Period **20.00**
Payroll Deduction (\$20 Bi-Weekly)

C. Cynthia Wells
Full Name (Last, First, Middle Initial)
Mailing Address 367 Adams Circle
City Crawfordsville State AR Zip Code 72327
FEC ID number of contributing federal political committee. **C**
Name of Employer LHC Groups Occupation Hospice Regional Operations Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **480.00**

Date of Receipt **11 / 13 / 2014**
Transaction ID : SA11AI.15599
Amount of Each Receipt this Period **20.00**
Payroll Deduction (\$20 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	49.62
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 35 OF 38
	<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. Christa Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 1549 Camelot Dr,
 City Henderson State KY Zip Code 42420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation RN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2014
Transaction ID : SA11AI.15600
 Amount of Each Receipt this Period 20.00
 Payroll Deduction (\$20 Bi-Weekly)

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2014
Transaction ID : SA11AI.15601
 Amount of Each Receipt this Period 20.00
 Payroll Deduction (\$20 Bi-Weekly)

c. Cheryl Wyatt
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 279
 City Del Rio State TN Zip Code 37727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation RN BM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2014
Transaction ID : SA11AI.15565
 Amount of Each Receipt this Period 9.62
 Payroll Deduction (\$9.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	49.62
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 36 OF 38
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address P.O. Box 279

City Del Rio State TN Zip Code 37727

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

Name of Employer LHC Group Occupation RN BM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.88**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 13 / 2014

Transaction ID : SA11Al.15566

Amount of Each Receipt this Period
9.62

Payroll Deduction (\$9.62 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

SUBTOTAL of Receipts This Page (optional).....▶	9.62
TOTAL This Period (last page this line number only).....▶	2733.36

**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. BILL CASSIDY FOR US SENATE

Mailing Address PO BOX 80505

City **BATON ROUGE** State **LA** Zip Code **70898**

Purpose of Disbursement
Donation

011

Candidate Name

WILLIAM CASSIDY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Runoff**

State: **LA** District: **06**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2014			

Transaction ID : SB23.15479

Amount of Each Disbursement this Period

2600.00

Full Name (Last, First, Middle Initial)

B. GARRET GRAVES FOR CONGRESS

Mailing Address PO BOX 64845

City **BATON ROUGE** State **LA** Zip Code **70896**

Purpose of Disbursement
Donations

011

Candidate Name

GARRET GRAVES

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Runoff**

State: **LA** District: **06**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2014			

Transaction ID : SB23.15481

Amount of Each Disbursement this Period

2600.00

Full Name (Last, First, Middle Initial)

C. MCCONNELL VICTORY KENTUCKY

Mailing Address 228 S WASHINGTON ST STE 115

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Disbursement
Donation

011

Candidate Name

MITCH MCCONNELL

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Runoff**

State: **KY** District: **00**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2014			

Transaction ID : SB23.15642

Amount of Each Disbursement this Period

3750.00

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

8950.00

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

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**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. RALPH ABRAHAM FOR CONGRESS

Mailing Address P.O. BOX 270

City ARCHIBALD State LA Zip Code 71218

Purpose of Disbursement
Donation

011

Category/
Type

Candidate Name

RALPH LEE ABRAHAM

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Runoff

State: LA District: 05

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 19 / 2014

Transaction ID : SB23.15485

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)..... ▶

11550.00