

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 11 01 2009 through 11 30 2009

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 Electronically Filed by Albert Simien Date 12 20 2009

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

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="2009"/>		1889.83
(b) Cash on Hand at Beginning of Reporting Period	138.33	
(c) Total Receipts (from Line 19)	1416.50	23797.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1554.83	25687.33
7. Total Disbursements (from Line 31)	1000.00	25132.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	554.83	554.83
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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)	1350.50	20244.00
(ii) Unitemized	66.00	3353.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1416.50	23597.50
(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)	1416.50	23597.50
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	200.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1416.50	23797.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1416.50	23797.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	25132.50
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1000.00	25132.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	25132.50

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	1416.50	23597.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1416.50	23597.50
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 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Mary Beaulieu	Date of Receipt MM / DD / YYYY 11 / 05 / 2009
	Mailing Address 134 Plantation Drive	Transaction ID: SA11AI.6444
	City State Zip Code New Iberia LA 70563	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$20.00 Bi-Weekly)
Name of Employer Louisiana Health Care Group, I	Occupation Director of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

B.	Full Name (Last, First, Middle Initial) Mary Beaulieu	Date of Receipt MM / DD / YYYY 11 / 17 / 2009
	Mailing Address 134 Plantation Drive	Transaction ID: SA11AI.6467
	City State Zip Code New Iberia LA 70563	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$20.00 Bi-Weekly)
Name of Employer Louisiana Health Care Group, I	Occupation Director of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

C.	Full Name (Last, First, Middle Initial) Angie Begnaud	Date of Receipt MM / DD / YYYY 11 / 05 / 2009
	Mailing Address 645 Bellevue Plantation Road	Transaction ID: SA11AI.6445
	City State Zip Code Lafayette LA 70503	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$10.00 Bi-Weekly)
Name of Employer LHC Group	Occupation DVP-Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	80.00
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 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Angie Begnaud		Date of Receipt
	Mailing Address 645 Bellevue Plantation Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Lafayette	LA	70503
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6468
Name of Employer LHC Group		Occupation DVP-Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 10.00
		<input type="text"/> 220.00	Payroll Deduction (\$10.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Pat DeRouen		Date of Receipt
	Mailing Address 1468 Mandy Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Ville Platte	LA	70586
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6447
Name of Employer The LHC Group		Occupation Regional Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
		<input type="text"/> 210.00	Payroll Deduction (\$10.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Pat DeRouen		Date of Receipt
	Mailing Address 1468 Mandy Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Ville Platte	LA	70586
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6470
Name of Employer The LHC Group		Occupation Regional Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 10.00
		<input type="text"/> 220.00	Payroll Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 40.00
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 8 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Lessley Fontenot		Date of Receipt
	Mailing Address 2303 sandalwood Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Lafayette	LA	70570
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6448
Name of Employer LHC Group		Occupation Area Sales Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00	<input type="text"/> 50.00
			Payroll Deduction (\$25.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Lessley Fontenot		Date of Receipt
	Mailing Address 2303 sandalwood Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Lafayette	LA	70570
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6471
Name of Employer LHC Group		Occupation Area Sales Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	<input type="text"/> 25.00
			Payroll Deduction (\$25.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Barbara Goodman		Date of Receipt
	Mailing Address 420 W. Pinhook Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Lafayette	LA	70503
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6450
Name of Employer LHC Group		Occupation Regional Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 315.00	<input type="text"/> 30.00
			Payroll Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 105.00
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 9 / 17
	<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.	Full Name (Last, First, Middle Initial) Barbara Goodman		Date of Receipt
	Mailing Address 420 W. Pinhook Road		<input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Lafayette	LA	70503
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6473
Name of Employer LHC Group		Occupation Regional Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="330.00"/>	<input type="text" value="15.00"/>
			Payroll Deduction (\$15.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) John Indest		Date of Receipt
	Mailing Address 235 Duperier Ave.		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	New Iberia	LA	70563
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6451
Name of Employer The LHC Group		Occupation VP/COO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="840.00"/>	<input type="text" value="80.00"/>
			Payroll Deduction (\$40.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Mary Lee		Date of Receipt
	Mailing Address 420 W. Pinhook Road Suite A		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Lafayette	LA	70503
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6446
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	<input type="text" value="20.00"/>
			Payroll Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="115.00"/>
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: PAGE 10 / 17
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Mary Lee		Date of Receipt MM / DD / YYYY 11 / 17 / 2009
Mailing Address 420 W. Pinhook Road Suite A		Transaction ID: SA11AI.6469
City Lafayette	State LA	Zip Code 70503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer	Occupation	Payroll Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.

Full Name (Last, First, Middle Initial) Marcus Macip		Date of Receipt MM / DD / YYYY 11 / 05 / 2009
Mailing Address 469 Meghan Drive		Transaction ID: SA11AI.6452
City Opelusas	State LA	Zip Code 70570
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer LHC Group	Occupation VP/Chief Admin. Officer/Dir. Of HR	Payroll Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

C.

Full Name (Last, First, Middle Initial) Marcus Macip		Date of Receipt MM / DD / YYYY 11 / 17 / 2009
Mailing Address 469 Meghan Drive		Transaction ID: SA11AI.6474
City Opelusas	State LA	Zip Code 70570
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer LHC Group	Occupation VP/Chief Admin. Officer/Dir. Of HR	Payroll Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	85.00
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 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Carline MacMillian		Date of Receipt
	Mailing Address 324 Deer Park Trial		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Lafayette	LA	70508
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6453
Name of Employer LHC Group		Occupation Director of Hospice	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00	<input type="text"/> 50.00
			Payroll Deduction (\$25.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Carline MacMillian		Date of Receipt
	Mailing Address 324 Deer Park Trial		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Lafayette	LA	70508
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6475
Name of Employer LHC Group		Occupation Director of Hospice	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	<input type="text"/> 25.00
			Payroll Deduction (\$25.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Richard MacMillian		Date of Receipt
	Mailing Address 324 Deer Park Trial		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Lafayette	LA	70508
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6454
Name of Employer LHC Group		Occupation Legal Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1050.00	<input type="text"/> 100.00
			Payroll Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 175.00
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 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Richard MacMillian	Date of Receipt MM / DD / YYYY 11 / 17 / 2009
	Mailing Address 324 Deer Park Trial	Transaction ID: SA11AI.6476
	City State Zip Code Lafayette LA 70508	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$50.00 Bi-Weekly)
	Name of Employer Occupation LHC Group Legal Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

B.	Full Name (Last, First, Middle Initial) Spencer Marks	Date of Receipt MM / DD / YYYY 11 / 05 / 2009
	Mailing Address 5467 Highway 182	Transaction ID: SA11AI.6455
	City State Zip Code Opelousas LA 70570	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$10.00 Bi-Weekly)
	Name of Employer Occupation LHC Group Telecom Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) Spencer Marks	Date of Receipt MM / DD / YYYY 11 / 17 / 2009
	Mailing Address 5467 Highway 182	Transaction ID: SA11AI.6477
	City State Zip Code Opelousas LA 70570	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$10.00 Bi-Weekly)
	Name of Employer Occupation LHC Group Telecom Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	80.00
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 13 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Keith Myers	Date of Receipt MM / DD / YYYY 11 / 05 / 2009
	Mailing Address 211 Morning Mist	Transaction ID: SA11AI.6456
	City State Zip Code Sunset LA 70584	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$40.00 Bi-Weekly)
	Name of Employer Occupation The LHC Group President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00	

B.	Full Name (Last, First, Middle Initial) Keith Myers	Date of Receipt MM / DD / YYYY 11 / 17 / 2009
	Mailing Address 211 Morning Mist	Transaction ID: SA11AI.6478
	City State Zip Code Sunset LA 70584	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$40.00 Bi-Weekly)
	Name of Employer Occupation The LHC Group President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4840.00	

C.	Full Name (Last, First, Middle Initial) William Sanford	Date of Receipt MM / DD / YYYY 11 / 05 / 2009
	Mailing Address 5502 Coteau Road	Transaction ID: SA11AI.6457
	City State Zip Code New Iberia LA 70560	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$10.00 Bi-Weekly)
	Name of Employer Occupation LHC Group CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	140.00
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 14 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) William Sanford	Date of Receipt MM / DD / YYYY 11 / 17 / 2009
	Mailing Address 5502 Coteau Road	Transaction ID: SA11AI.6479
	City State Zip Code New Iberia LA 70560	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$10.00 Bi-Weekly)
	Name of Employer Occupation LHC Group CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) Harold Taylor	Date of Receipt MM / DD / YYYY 11 / 05 / 2009
	Mailing Address 252 Purple Dawn Drive	Transaction ID: SA11AI.6459
	City State Zip Code Sunset LA 70584	Amount of Each Receipt this Period 77.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$38.50 Bi-Weekly)
	Name of Employer Occupation La. Home Care Group, Inc. Director of Purchasing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4807.50	

C.	Full Name (Last, First, Middle Initial) Harold Taylor	Date of Receipt MM / DD / YYYY 11 / 17 / 2009
	Mailing Address 252 Purple Dawn Drive	Transaction ID: SA11AI.6481
	City State Zip Code Sunset LA 70584	Amount of Each Receipt this Period 38.50
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$38.50 Bi-Weekly)
	Name of Employer Occupation La. Home Care Group, Inc. Director of Purchasing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4846.00	

SUBTOTAL of Receipts This Page (optional)	▶	125.50
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 15 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) James Tobey		Date of Receipt
	Mailing Address 465 Leo Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Shreveport	LA	71105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6460
Name of Employer LHC Group		Occupation Director of Sales and Marketing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 1050.00	<input type="text"/> 100.00
			Payroll Deduction (\$50.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) James Tobey		Date of Receipt
	Mailing Address 465 Leo Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Shreveport	LA	71105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6482
Name of Employer LHC Group		Occupation Director of Sales and Marketing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 1100.00	<input type="text"/> 50.00
			Payroll Deduction (\$50.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Pam Wigglesworth		Date of Receipt
	Mailing Address RR 2 Box 39F		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Alderson	WY	24910
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6461
Name of Employer LHC Groups		Occupation State Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 1785.00	<input type="text"/> 170.00
			Payroll Deduction (\$85.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 320.00
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: PAGE 16 / 17
(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.

Full Name (Last, First, Middle Initial) Pam Wigglesworth		Date of Receipt
Mailing Address RR 2 Box 39F		<input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
City Alderson	State WY	Zip Code 24910
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: SA11AI.6483
Name of Employer LHC Groups		Amount of Each Receipt this Period <input type="text" value="85.00"/>
Occupation State Manager		Payroll Deduction (\$85.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1870.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="85.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1350.50"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 17

<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

A.

Full Name (Last, First, Middle Initial)

MIKE ROSS FOR CONGRESS COMMITTEE

Transaction ID: SB23.6491

Date of Disbursement

^M 1	^M 1	/	^D 1	^D 7	/	^Y 2	^Y 0	^Y 0	^Y 9
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

Mailing Address PO Box 360

City State Zip Code
Prescott AR 71857

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Donation

011
Category/ Type

Candidate Name
MICHAEL AVERY ROSS

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AR District: 04

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

1000.00
