

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 (12S)
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 05 01 2010 through 05 31 2010

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 06 19 2010

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:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		1888.83
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	9446.83									
(c) Total Receipts (from Line 19)	593.00	24796.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	10039.83	26684.83								
7. Total Disbursements (from Line 31)	3500.00	20145.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6539.83	6539.83								
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
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	488.50	20168.50
(ii) Unitemized	104.50	2227.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	593.00	22396.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	593.00	22396.00
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	2400.00
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))	593.00	24796.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	593.00	24796.00

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.....	3500.00	20100.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	45.00
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))..	3500.00	20145.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3500.00	20145.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	593.00	22396.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	593.00	22396.00
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 / 10
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Lessley Fontenot	Date of Receipt MM / DD / YYYY 05 / 07 / 2010
	Mailing Address 2303 sandalwood Drive	Transaction ID: SA11AI.6741
	City State Zip Code Lafayette LA 70570	Amount of Each Receipt this Period 25.00
	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 ▼ 225.00	

B.	Full Name (Last, First, Middle Initial) Marcus Macip	Date of Receipt MM / DD / YYYY 05 / 07 / 2010
	Mailing Address 469 Meghan Drive	Transaction ID: SA11AI.6744
	City State Zip Code Opelusas LA 70570	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$25 Bi-Weekly)
	Name of Employer LHC Group Occupation VP/Chief Admin. Officer/Dir. Of HR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

C.	Full Name (Last, First, Middle Initial) Carline MacMillian	Date of Receipt MM / DD / YYYY 05 / 07 / 2010
	Mailing Address 324 Deer Park Trial	Transaction ID: SA11AI.6745
	City State Zip Code Lafayette LA 70508	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$25 Bi-Weekly)
	Name of Employer LHC Group Occupation Director of Hospice Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

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 7 / 10
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) Richard MacMillian	Date of Receipt MM / DD / YYYY 05 / 07 / 2010
	Mailing Address 324 Deer Park Trial	Transaction ID: SA11AI.6746
	City State Zip Code Lafayette LA 70508	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$200 Bi-Weekly)
	Name of Employer LHC Group Occupation Legal Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00	

B.	Full Name (Last, First, Middle Initial) Keith Myers	Date of Receipt MM / DD / YYYY 05 / 07 / 2010
	Mailing Address 211 Morning Mist	Transaction ID: SA11AI.6748
	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 Bi-Weekly)
	Name of Employer The LHC Group Occupation President/CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4320.00	

C.	Full Name (Last, First, Middle Initial) Harold Taylor	Date of Receipt MM / DD / YYYY 05 / 07 / 2010
	Mailing Address 252 Purple Dawn Drive	Transaction ID: SA11AI.6751
	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 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 ▼ 4345.50	

SUBTOTAL of Receipts This Page (optional)	▶	278.50
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 8 / 10
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
James Tobey
 Mailing Address 465 Leo Avenue
 City State Zip Code
 Shreveport LA 71105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LHC Group Director of Sales and Marketing
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 7 / 2 0 1 0
Transaction ID: SA11AI.6752
 Amount of Each Receipt this Period
 50.00
 Payroll Deduction (\$50 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Pam Wigglesworth
 Mailing Address RR 2 Box 39F
 City State Zip Code
 Alderson WY 24910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LHC Groups State Manager
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 765.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 7 / 2 0 1 0
Transaction ID: SA11AI.6753
 Amount of Each Receipt this Period
 85.00
 Payroll Deduction (\$85 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 135.00
TOTAL This Period (last page this line number only) ► 488.50

**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)

<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

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) CHILDERS FOR CONGRESS	Transaction ID: SB23.6758 Date of Disbursement 05 / 06 / 2010
	Mailing Address PO BOX 177	Amount of Each Disbursement this Period 1500.00
	City BOONEVILLE State MS Zip Code 38829	
	Purpose of Disbursement Donation Candidate Name TRAVIS W CHILDERS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) CHILDERS FOR CONGRESS	Transaction ID: SB23.6761 Date of Disbursement 05 / 14 / 2010
	Mailing Address PO BOX 177	Amount of Each Disbursement this Period 900.00
	City BOONEVILLE State MS Zip Code 38829	
	Purpose of Disbursement Donation Candidate Name TRAVIS W CHILDERS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) CHILDERS FOR CONGRESS	Transaction ID: SB23.6762 Date of Disbursement 05 / 14 / 2010
	Mailing Address PO BOX 177	Amount of Each Disbursement this Period 100.00
	City BOONEVILLE State MS Zip Code 38829	
	Purpose of Disbursement Donation Candidate Name TRAVIS W CHILDERS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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)
SANGISETTY FOR CONGRESS, LLC

Transaction ID: SB23.6763

Date of Disbursement

Mailing Address PO Box 7051

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	0

City Houma State LA Zip Code 70361

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Donation

011
Category/ Type

Candidate Name
RAVI SANGISETTY

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: LA District: 03

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

3500.00
