

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 09 01 2010 through 09 30 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 10 20 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: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2010"/>		1888.83
(b) Cash on Hand at Beginning of Reporting Period	2978.83	
(c) Total Receipts (from Line 19)	18555.21	46590.21
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	21534.04	48479.04
7. Total Disbursements (from Line 31)	14395.00	41340.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7139.04	7139.04
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

**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:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

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)	16322.50	38846.50
(ii) Unitemized	2232.71	5343.71
(iii) TOTAL (add Lines 11(a)(i) and (ii)	18555.21	44190.21
(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)	18555.21	44190.21
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))	18555.21	46590.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18555.21	46590.21

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.....	14400.00	41300.00
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.....	-5.00	40.00
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))..	14395.00	41340.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14395.00	41340.00

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)	18555.21	44190.21
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18555.21	44190.21
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 / 16
	<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 09 / 07 / 2010
	Mailing Address 134 Plantation Drive	Transaction ID: SA11AI.6891
	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 Occupation Louisiana Health Care Group, I Director of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

B.	Full Name (Last, First, Middle Initial) Mary Beaulieu	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 134 Plantation Drive	Transaction ID: SA11AI.7010
	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 Occupation Louisiana Health Care Group, I Director of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Daryl Doise	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 1042 Camillia Building Apt. 4303	Transaction ID: SA11AI.7027
	City State Zip Code Lafayette LA 70508	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$75.00 Bi-Weekly)
	Name of Employer Occupation LHC Group	
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)	▶	135.00
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 / 16
	<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 09 / 07 / 2010
	City	State	Zip Code
	Lafayette	LA	70570
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6922
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 ▼ 350.00	<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 09 / 24 / 2010
	City	State	Zip Code
	Lafayette	LA	70570
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7030
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 ▼ 375.00	<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 09 / 07 / 2010
	City	State	Zip Code
	Lafayette	LA	70503
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6924
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 ▼ 210.00	<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 8 / 16
	<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 MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 420 W. Pinhook Road	Transaction ID: SA11AI.7032
	City State Zip Code Lafayette LA 70503	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$15.00 Bi-Weekly)
Name of Employer LHC Group	Occupation Regional 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) John Indest	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 235 Duperier Ave.	Transaction ID: SA11AI.7007
	City State Zip Code New Iberia LA 70563	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Donation
Name of Employer The LHC Group	Occupation VP/COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C.	Full Name (Last, First, Middle Initial) Joyce Korsen	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 204 Northstone Place	Transaction ID: SA11AI.7041
	City State Zip Code Fayetteville NC 28303	Amount of Each Receipt this Period 77.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$77.00 Bi-Weekly)
Name of Employer LHC Group	Occupation VP of Joint Venture Relationships	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00	

SUBTOTAL of Receipts This Page (optional)	5092.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 16
	<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) Marcus Macip	Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 469 Meghan Drive	Transaction ID: SA11AI.6950
	City State Zip Code Opelusas LA 70570	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$25.00 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 ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Marcus Macip	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 469 Meghan Drive	Transaction ID: SA11AI.7047
	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 (\$25.00 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 ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Carlline MacMillian	Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 324 Deer Park Trial	Transaction ID: SA11AI.6948
	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 (\$25.00 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 ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 16
	<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 09 / 24 / 2010
	City	State	Zip Code
	Lafayette	LA	70508
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7045
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 ▼ 375.00	<input type="text"/> 25.00
			Payroll Deduction (\$25.00 Bi-Weekly)

B.	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 09 / 07 / 2010
	City	State	Zip Code
	Lafayette	LA	70508
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6949
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 ▼ 1900.00	<input type="text"/> 400.00
			Payroll Deduction (\$200.00 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 09 / 24 / 2010
	City	State	Zip Code
	Lafayette	LA	70508
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7046
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 ▼ 2100.00	<input type="text"/> 200.00
			Payroll Deduction (\$200.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 625.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 16
	<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 09 / 07 / 2010
	Mailing Address 211 Morning Mist		Transaction ID: SA11AI.6966
	City Sunset	State LA	Zip Code 70584
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
	Name of Employer The LHC Group	Occupation President/CEO	Payroll Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4520.00	

B.	Full Name (Last, First, Middle Initial) Keith Myers		Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 211 Morning Mist		Transaction ID: SA11AI.7057
	City Sunset	State LA	Zip Code 70584
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer The LHC Group	Occupation President/CEO	Payroll Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4560.00	

C.	Full Name (Last, First, Middle Initial) Kimberly Seymour		Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 102 Fyvie Lane		Transaction ID: SA11AI.7066
	City Lafayette	State LA	Zip Code 70503
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer LHC Group	Occupation Director of Internal Audit	Payroll Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	220.00
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 12 / 16
	<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) Dan Stelly	Date of Receipt MM / DD / YYYY 09 / 29 / 2010
	Mailing Address 612 Bayou Road	Transaction ID: SA11AI.7003
	City State Zip Code Port Barre LA 70577	Amount of Each Receipt this Period 3500.00
	FEC ID number of contributing federal political committee. C	Donation
	Name of Employer LHC Group Occupation COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 3500.00	

B.	Full Name (Last, First, Middle Initial) Harold Taylor	Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 252 Purple Dawn Drive	Transaction ID: SA11AI.6988
	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 La. Home Care Group, Inc. Occupation Director of Purchasing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 4538.00	

C.	Full Name (Last, First, Middle Initial) Harold Taylor	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 252 Purple Dawn Drive	Transaction ID: SA11AI.7070
	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) <input type="checkbox"/> Aggregate Year-to-Date 4576.50	

SUBTOTAL of Receipts This Page (optional)	3615.50
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 13 / 16
	<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) James Tobey		Date of Receipt
	Mailing Address 465 Leo Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 07 / 2010
	City	State	Zip Code
	Shreveport	LA	71105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6989
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 ▼ 700.00	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 <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 24 / 2010
	City	State	Zip Code
	Shreveport	LA	71105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7071
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 ▼ 750.00	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 <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 07 / 2010
	City	State	Zip Code
	Alderson	WY	24910
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6996
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 ▼ 1190.00	170.00
		Payroll Deduction (\$85.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional)	320.00
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 / 16
	<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) Pam Wigglesworth	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address RR 2 Box 39F	Transaction ID: SA11AI.7075
	City State Zip Code Alderson WY 24910	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Bi-Weekly)
	Name of Employer Occupation LHC Groups State Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1275.00	

B.	Full Name (Last, First, Middle Initial) Dan Wilford	Date of Receipt MM / DD / YYYY 09 / 29 / 2010
	Mailing Address 420 West pinhook Road	Transaction ID: SA11AI.7002
	City State Zip Code Lafayette LA 70503	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Doantion
	Name of Employer Occupation LHC Group Board of Directors	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) James T. Wilson	Date of Receipt MM / DD / YYYY 09 / 29 / 2010
	Mailing Address 554 Highway 790	Transaction ID: SA11AI.7005
	City State Zip Code Bronston KY 42518	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Donation
	Name of Employer Occupation LHC Group Business Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	6085.00
TOTAL This Period (last page this line number only)	16322.50

**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

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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)
BEN CHANDLER FOR CONGRESS

Mailing Address P. O. Box 12678

City Lexington State KY Zip Code 40508

Purpose of Disbursement
Donation

Category/
Type

Candidate Name
A.B. III CHANDLER

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: KY District: 06

Transaction ID: SB23.7086

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
BEN CHANDLER FOR CONGRESS

Mailing Address P. O. Box 12678

City Lexington State KY Zip Code 40508

Purpose of Disbursement
Donation

Category/
Type

Candidate Name
A.B. III CHANDLER

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: KY District: 06

Transaction ID: SB23.7087

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
CONGRESSMAN JOE BARTON COMMITTEE, THE

Mailing Address P.O. Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement
Donation

Category/
Type

Candidate Name
JOE LINUS BARTON

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: TX District: 06

Transaction ID: SB23.7078

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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)

<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

<p>A. Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2010</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name DAVID LEE CAMP</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7093</p> <p>Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) MCCASKILL FOR MISSOURI 2012</p> <p>Mailing Address 607 14TH STREET NW SUITE 800</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name CLAIRE MCCASKILL</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 00</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7089</p> <p>Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO Box 360</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name MICHAEL AVERY ROSS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7082</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7200.00

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

14400.00