

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. LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

ADDRESS (number and street) 420 W. Pinhook Road Suite A 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 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) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) 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 04 / 01 / 2014 through 04 / 30 / 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 05 / 19 / 2014

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)

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"/>		1061.18
(b) Cash on Hand at Beginning of Reporting Period.....	9599.95	
(c) Total Receipts (from Line 19)	4830.45	16119.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	14430.40	17180.40
7. Total Disbursements (from Line 31).....	0.00	2750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	14430.40	14430.40
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: / / 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).....	3401.41	7572.35
(ii) Unitemized	1429.04	8546.87
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4830.45	16119.22
(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)	4830.45	16119.22
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))..... ▶	4830.45	16119.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4830.45	16119.22

DETAILED SUMMARY PAGE

of Disbursements

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.....	0.00	2750.00
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)) ..	0.00	2750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	2750.00

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)	4830.45	16119.22
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4830.45	16119.22
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 25
	<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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	03	/	2014

Transaction ID : SA11AI.14313

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2014

Transaction ID : SA11AI.14314

Amount of Each Receipt this Period
30.00

Payroll Deduction (\$30 Bi-Weekly)

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

City Baton Rouge	State LA	Zip Code 70808
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2014

Transaction ID : SA11AI.14315

Amount of Each Receipt this Period
30.00

Payroll Deduction (\$30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 25
(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. 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 ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 03 / 2014
Transaction ID : SA11AI.14316
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30 Bi-Weekly)

B. Chris Duhon
 Full Name (Last, First, Middle Initial)
 Mailing Address 10429 Rue de Duhon
 City Abbeville State LA Zip Code 70510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation RN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2014
Transaction ID : SA11AI.14317
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30 Bi-Weekly)

C. Chris Duhon
 Full Name (Last, First, Middle Initial)
 Mailing Address 10429 Rue de Duhon
 City Abbeville State LA Zip Code 70510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation RN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2014
Transaction ID : SA11AI.14318
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 25
	<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. 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 ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	03	/	2014

Transaction ID : SA11AI.14319

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 ▼ **270.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2014

Transaction ID : SA11AI.14320

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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2014

Transaction ID : SA11AI.14321

Amount of Each Receipt this Period
30.00

Payroll Deduction (\$30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 25
	<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. Shayne Ferguson
Full Name (Last, First, Middle Initial)

Mailing Address 390 Thicket Drive,

City Elizabethtown, State KY Zip Code 42701

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

Name of Employer LHC Group Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.76**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 03 / 2014

Transaction ID : SA11AI.14322

Amount of Each Receipt this Period
38.47

Payroll Deduction (\$38.47 Bi-Weekly)

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

Mailing Address 390 Thicket Drive,

City Elizabethtown, State KY Zip Code 42701

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

Name of Employer LHC Group Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.23**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.14323

Amount of Each Receipt this Period
38.47

Payroll Deduction (\$38.47 Bi-Weekly)

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

Mailing Address 390 Thicket Drive,

City Elizabethtown, State KY Zip Code 42701

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

Name of Employer LHC Group Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 25 / 2014

Transaction ID : SA11AI.14324

Amount of Each Receipt this Period
38.47

Payroll Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 25
	(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"/> 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. Lessley Fontenot
Full Name (Last, First, Middle Initial)

Mailing Address 2303 sandalwood Drive

City Lafayette State LA Zip Code 70570

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

Name of Employer LHC Group Occupation Area Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **04 / 25 / 2014**

Transaction ID : SA11Al.14409

Amount of Each Receipt this Period **25.00**

Payroll Deduction (\$25 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 ▼ **240.00**

Date of Receipt **04 / 03 / 2014**

Transaction ID : SA11Al.14325

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 ▼ **270.00**

Date of Receipt **04 / 16 / 2014**

Transaction ID : SA11Al.14326

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30 Bi-Weekly)

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 OF 25
	<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. Mary Gray

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 ▼ **300.00**

Date of Receipt **04 / 25 / 2014**

Transaction ID : SA11AI.14327

Amount of Each Receipt this Period **300.00**

Payroll Deduction (\$30 Bi-Weekly)

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

Mailing Address P.O. Box 95

City Opleousas State LA Zip Code 70571

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

Name of Employer Louisiana Health Care Group, I Occupation Legal Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt **04 / 03 / 2014**

Transaction ID : SA11AI.14535

Amount of Each Receipt this Period **40.00**

Payroll Deduction (\$40 Bi-Weekly)

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

Mailing Address P.O. Box 95

City Opleousas State LA Zip Code 70571

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

Name of Employer Louisiana Health Care Group, I Occupation Legal Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **04 / 16 / 2014**

Transaction ID : SA11AI.14536

Amount of Each Receipt this Period **40.00**

Payroll Deduction (\$40 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **110.00**

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 OF 25
	<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 04 / 25 / 2014 Transaction ID : SA11AI.14537
Mailing Address P.O. Box 95		Amount of Each Receipt this Period 400.00
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 ▼ 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jeffrey Kreger		Date of Receipt MM / DD / YYYY 04 / 03 / 2014 Transaction ID : SA11AI.14410
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	Payroll Deduction (\$200 Bi-Weekly)	
Name of Employer LHC Group	Occupation Sr. VP of Finance	Aggregate Year-to-Date ▼ 1600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jeffrey Kreger		Date of Receipt MM / DD / YYYY 04 / 16 / 2014 Transaction ID : SA11AI.14411
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	Payroll Deduction (\$200 Bi-Weekly)	
Name of Employer LHC Group	Occupation Sr. VP of Finance	Aggregate Year-to-Date ▼ 1800.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	440.00
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 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Jeffrey Kreger		Date of Receipt MM / DD / YYYY 04 / 25 / 2014 Transaction ID : SA11AI.14412
Mailing Address 100 Creek Bnd		Amount of Each Receipt this Period 200.00 Payroll Deduction (\$200 Bi-Weekly)
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 ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Melanie Kuehn		Date of Receipt MM / DD / YYYY 04 / 03 / 2014 Transaction ID : SA11AI.14444
Mailing Address 4205 Persimmon Way		Amount of Each Receipt this Period 50.00 Payroll Deduction (\$50 Bi-Weekly)
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 ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Melanie Kuehn		Date of Receipt MM / DD / YYYY 04 / 16 / 2014 Transaction ID : SA11AI.14445
Mailing Address 4205 Persimmon Way		Amount of Each Receipt this Period 50.00 Payroll Deduction (\$50 Bi-Weekly)
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 ▼ 450.00	

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 14 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Melanie Kuehn
 Full Name (Last, First, Middle Initial)
 Mailing Address 4205 Persimmon Way
 City Lake Charles State LA Zip Code 70518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation DVP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 25 / 2014**
Transaction ID : SA11AI.14446
 Amount of Each Receipt this Period **50.00**
 Payroll Deduction (\$50 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 **320.00**

Date of Receipt **04 / 03 / 2014**
Transaction ID : SA11AI.14538
 Amount of Each Receipt this Period **40.00**
 Payroll Deduction (\$40 Bi-Weekly)

C. Amy Laing
 Full Name (Last, First, Middle Initial)
 Mailing Address 238 Dogwood Springs Lane
 City Mena State AR Zip Code 71953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation State Market Developer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt **04 / 16 / 2014**
Transaction ID : SA11AI.14539
 Amount of Each Receipt this Period **40.00**
 Payroll Deduction (\$40 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **130.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 25
	<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. 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 ▼ **400.00**

Date of Receipt **04 / 25 / 2014**

Transaction ID : SA11AI.14540

Amount of Each Receipt this Period **400.00**

Payroll Deduction (\$40 Bi-Weekly)

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

Mailing Address 324 Deer Park Trial

City Lafayette State LA Zip Code 70508

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

Name of Employer LHC Group Occupation Legal Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1330.00**

Date of Receipt **04 / 03 / 2014**

Transaction ID : SA11AI.14508

Amount of Each Receipt this Period **190.00**

Payroll Deduction (\$190 Bi-Weekly)

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

Mailing Address 324 Deer Park Trial

City Lafayette State LA Zip Code 70508

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

Name of Employer LHC Group Occupation Legal Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1520.00**

Date of Receipt **04 / 16 / 2014**

Transaction ID : SA11AI.14509

Amount of Each Receipt this Period **190.00**

Payroll Deduction (\$190 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **420.00**

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 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Richard MacMillian
 Full Name (Last, First, Middle Initial)
 Mailing Address 324 Deer Park Trail
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation Legal Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1710.00**

Date of Receipt **04 / 25 / 2014**
Transaction ID : SA11AI.14510
 Amount of Each Receipt this Period **190.00**
 Payroll Deduction (\$190 Bi-Weekly)

B. Rebecca McCoy
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 Short Side Drive
 City Williamstown State WV Zip Code 26187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation State Operations Mgr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **04 / 03 / 2014**
Transaction ID : SA11AI.14328
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30 Bi-Weekly)

C. Rebecca McCoy
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 Short Side Drive
 City Williamstown State WV Zip Code 26187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation State Operations Mgr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **04 / 16 / 2014**
Transaction ID : SA11AI.14329
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **250.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 25
<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. Rebecca McCoy
Full Name (Last, First, Middle Initial)

Mailing Address 57 Short Side Drive

City Williamstown State WV Zip Code 26187

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

Name of Employer LHC Group Occupation State Operations Mgr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **04 / 25 / 2014**

Transaction ID : SA11AI.14330

Amount of Each Receipt this Period **300.00**

Payroll Deduction (\$30 Bi-Weekly)

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

Mailing Address 201 Worth Ave.

City Lafayette State LA Zip Code 70508

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

Name of Employer LHC Group Occupation Vice President of Strategic Partnershi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt **04 / 03 / 2014**

Transaction ID : SA11AI.14541

Amount of Each Receipt this Period **40.00**

Payroll Deduction (\$40 Bi-Weekly)

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

Mailing Address 201 Worth Ave.

City Lafayette State LA Zip Code 70508

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

Name of Employer LHC Group Occupation Vice President of Strategic Partnershi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **04 / 16 / 2014**

Transaction ID : SA11AI.14542

Amount of Each Receipt this Period **40.00**

Payroll Deduction (\$40 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **110.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 25
	<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. Brach Myers
Full Name (Last, First, Middle Initial)
Mailing Address 201 Worth Ave.
City Lafayette State LA Zip Code 70508
FEC ID number of contributing federal political committee. **C**
Name of Employer LHC Group Occupation Vice President of Strategic Partnershi
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 25 / 2014
Transaction ID : SA11AI.14543
Amount of Each Receipt this Period 40.00
Payroll Deduction (\$40 Bi-Weekly)

B. Keith Myers
Full Name (Last, First, Middle Initial)
Mailing Address 211 Morning Mist
City Sunset State LA Zip Code 70584
FEC ID number of contributing federal political committee. **C**
Name of Employer The LHC Group Occupation President/CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 03 / 2014
Transaction ID : SA11AI.14544
Amount of Each Receipt this Period 40.00
Payroll Deduction (\$40 Bi-Weekly)

C. Keith Myers
Full Name (Last, First, Middle Initial)
Mailing Address 211 Morning Mist
City Sunset State LA Zip Code 70584
FEC ID number of contributing federal political committee. **C**
Name of Employer The LHC Group Occupation President/CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 16 / 2014
Transaction ID : SA11AI.14545
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 19 OF 25
	<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. Keith Myers		Date of Receipt MM / DD / YYYY 04 / 25 / 2014 Transaction ID : SA11AI.14546
Mailing Address 211 Morning Mist		Amount of Each Receipt this Period 400.00
City Sunset	State LA	Zip Code 70584
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 ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Cathy Newhouse		Date of Receipt MM / DD / YYYY 04 / 03 / 2014 Transaction ID : SA11AI.14453
Mailing Address 97 Stonehill Road		Amount of Each Receipt this Period 50.00
City Lafayette	State LA	Zip Code 70508
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$50 Bi-Weekly)	
Name of Employer LHC Group	Occupation Sr. VP of Clinical Program Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Cathy Newhouse		Date of Receipt MM / DD / YYYY 04 / 16 / 2014 Transaction ID : SA11AI.14454
Mailing Address 97 Stonehill Road		Amount of Each Receipt this Period 50.00
City Lafayette	State LA	Zip Code 70508
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$50 Bi-Weekly)	
Name of Employer LHC Group	Occupation Sr. VP of Clinical Program Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

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:	PAGE 20 OF 25
	(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"/> 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. Cathy Newhouse
Full Name (Last, First, Middle Initial)

Mailing Address 97 Stonehill Road

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 Clinical Program Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **04 / 25 / 2014**

Transaction ID : SA11AI.14455

Amount of Each Receipt this Period **50.00**

Payroll Deduction (\$50 Bi-Weekly)

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

Mailing Address 111 Shadowbrook Lane

City Youngsville State LA Zip Code 70592

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

Name of Employer LGC Group Occupation Director of Purchasing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.00**

Date of Receipt **04 / 03 / 2014**

Transaction ID : SA11AI.14331

Amount of Each Receipt this Period **38.50**

Payroll Deduction (\$38.50 Bi-Weekly)

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

Mailing Address 111 Shadowbrook Lane

City Youngsville State LA Zip Code 70592

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

Name of Employer LGC Group Occupation Director of Purchasing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.50**

Date of Receipt **04 / 16 / 2014**

Transaction ID : SA11AI.14332

Amount of Each Receipt this Period **38.50**

Payroll Deduction (\$38.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **127.00**

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 21 OF 25
(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

Full Name (Last, First, Middle Initial)
A. Albert Simien

Mailing Address 111 Shadowbrook Lane

City State Zip Code
 Youngsville LA 70592

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

Name of Employer Occupation
 LGC Group Director of Purchasing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 385.00

Date of Receipt
 04 / 25 / 2014
Transaction ID : SA11AI.14333

Amount of Each Receipt this Period
 38.50

Payroll Deduction (\$38.50 Bi-Weekly)

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

Mailing Address 2037 Country Wood Court

City State Zip Code
 Walnut Creek CA 94598

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

Name of Employer Occupation
 LHC Group Director of Nurses

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 04 / 03 / 2014
Transaction ID : SA11AI.14456

Amount of Each Receipt this Period
 50.00

Payroll Deduction (\$50 Bi-Weekly)

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

Mailing Address 2037 Country Wood Court

City State Zip Code
 Walnut Creek CA 94598

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

Name of Employer Occupation
 LHC Group Director of Nurses

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 04 / 16 / 2014
Transaction ID : SA11AI.14457

Amount of Each Receipt this Period
 50.00

Payroll Deduction (\$50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 138.50

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 22 OF 25
	<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. Cindy Sobel

Mailing Address 2037 Country Wood Court

City Walnut Creek State CA Zip Code 94598

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

Name of Employer LHC Group Occupation Director of Nurses

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **04 / 25 / 2014**

Transaction ID : SA11AI.14458

Amount of Each Receipt this Period **50.00**

Payroll Deduction (\$50 Bi-Weekly)

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

Mailing Address 204 Founders St.

City Lafayette State LA Zip Code 70508

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

Name of Employer LHC Group Occupation DVP - Hospice Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **04 / 03 / 2014**

Transaction ID : SA11AI.14312

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30 Bi-Weekly)

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

Mailing Address 252 Purple Dawn Drive

City Sunset State LA Zip Code 70584

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

Name of Employer La. Home Care Group, Inc. Occupation Director of Purchasing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.00**

Date of Receipt **04 / 03 / 2014**

Transaction ID : SA11AI.14334

Amount of Each Receipt this Period **38.50**

Payroll Deduction (\$38.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	118.50
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 23 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Harold Taylor		Date of Receipt
Mailing Address 252 Purple Dawn Drive		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City Sunset	State LA	Zip Code 70584
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.14335
Name of Employer La. Home Care Group, Inc.		Amount of Each Receipt this Period <input type="text" value="38.50"/>
Occupation Director of Purchasing		Payroll Deduction (\$38.50 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="346.50"/>	

Full Name (Last, First, Middle Initial) B. Harold Taylor		Date of Receipt
Mailing Address 252 Purple Dawn Drive		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City Sunset	State LA	Zip Code 70584
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.14336
Name of Employer La. Home Care Group, Inc.		Amount of Each Receipt this Period <input type="text" value="38.50"/>
Occupation Director of Purchasing		Payroll Deduction (\$38.50 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="385.00"/>	

Full Name (Last, First, Middle Initial) C. Gary Thietten		Date of Receipt
Mailing Address 10611 Pine Shadow Road		<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City South Jordan	State UT	Zip Code 84095
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.14532
Name of Employer LHC Group		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation VP of Corp. Development		Payroll Deduction (\$100 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="800.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="177.00"/>
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 24 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Gary Thietten
Full Name (Last, First, Middle Initial)

Mailing Address 10611 Pine Shadow Road

City South Jordan	State UT	Zip Code 84095
----------------------	-------------	-------------------

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

Name of Employer LHC Group	Occupation VP of Corp. Development
-------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2014
Transaction ID : SA11AI.14533

Amount of Each Receipt this Period
100.00

Payroll Deduction (\$100 Bi-Weekly)

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

Mailing Address 10611 Pine Shadow Road

City South Jordan	State UT	Zip Code 84095
----------------------	-------------	-------------------

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

Name of Employer LHC Group	Occupation VP of Corp. Development
-------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2014
Transaction ID : SA11AI.14534

Amount of Each Receipt this Period
100.00

Payroll Deduction (\$100 Bi-Weekly)

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

Mailing Address 465 Leo Avenue

City Shreveport	State LA	Zip Code 71105
--------------------	-------------	-------------------

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

Name of Employer LHC Group	Occupation Director of Sales and Marketing
-------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2014
Transaction ID : SA11AI.14459

Amount of Each Receipt this Period
50.00

Payroll Deduction (\$50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 25 OF 25
(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

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

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 ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.14460

Amount of Each Receipt this Period
50.00

Payroll Deduction (\$50 Bi-Weekly)

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

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 ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 25 / 2014

Transaction ID : SA11AI.14461

Amount of Each Receipt this Period
50.00

Payroll Deduction (\$50 Bi-Weekly)

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	3401.41