

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 LAFAYETTE SURGICAL HOSPITAL, LLC POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1101 KALISTE SALOOM RD LAFAYETTE LA 70508

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00616375 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 07 01 2016 through 09 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Staheli, Michael, C, , Type or Print Name of Treasurer

Signature of Treasurer Staheli, Michael, C, , [Electronically Filed] Date 10 13 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

LAFAYETTE SURGICAL HOSPITAL, LLC POLITICAL ACTION COMMITTEE

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="2016"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="3597.66"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5056.75"/>	<input type="text" value="8654.41"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="8654.41"/>	<input type="text" value="8654.41"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="8654.41"/>	<input type="text" value="8654.41"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

LAFAYETTE SURGICAL HOSPITAL, LLC POLITICAL ACTION COMMITTEE

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).....	4127.44	5062.76
(ii) Unitemized	929.30	3591.64
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5056.74	8654.40
(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)	5056.74	8654.40
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.).....	0.01	0.01
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)).....▶	5056.75	8654.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5056.75	8654.41

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	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	5056.74	8654.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5056.74	8654.40
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 21
	<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)
LAFAYETTE SURGICAL HOSPITAL, LLC POLITICAL ACTION COMMITTEE

A. Alldredge, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 Acacia Dr
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 207.12

Date of Receipt 09 / 14 / 2016
Transaction ID : SA11AI.4207
 Amount of Each Receipt this Period 24.37
 Memo Item

B. Appley, Alan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 323 Beverly Dr
 City Lafayette State LA Zip Code 70503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alan Appley, MD APMC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 571.07

Date of Receipt 07 / 15 / 2016
Transaction ID : SA11AI.4182
 Amount of Each Receipt this Period 253.81
 Memo Item

C. Appley, Alan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 323 Beverly Dr
 City Lafayette State LA Zip Code 70503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alan Appley, MD APMC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 730.97

Date of Receipt 08 / 15 / 2016
Transaction ID : SA11AI.4183
 Amount of Each Receipt this Period 159.90
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	438.08
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
<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)
LAFAYETTE SURGICAL HOSPITAL, LLC POLITICAL ACTION COMMITTEE

A. Appley, Alan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 323 Beverly Dr
 City Lafayette State LA Zip Code 70503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alan Appley, MD APMC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 828.46

Date of Receipt 09 / 14 / 2016
Transaction ID : SA11AI.4184
 Amount of Each Receipt this Period 97.49
 Memo Item

B. Barry, Robin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4212 West Congress St. Suite 1500
 City Lafayette State LA Zip Code 70506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 233.75

Date of Receipt 07 / 15 / 2016
Transaction ID : SA11AI.4234
 Amount of Each Receipt this Period 103.89
 Memo Item

C. Barry, Robin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4212 West Congress St. Suite 1500
 City Lafayette State LA Zip Code 70506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 299.20

Date of Receipt 08 / 15 / 2016
Transaction ID : SA11AI.4235
 Amount of Each Receipt this Period 65.45
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	266.83
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 21
<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)
LAFAYETTE SURGICAL HOSPITAL, LLC POLITICAL ACTION COMMITTEE

A. Barry, Robin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4212 West Congress St.
 Suite 1500
 City Lafayette State LA Zip Code 70506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 339.11

Date of Receipt 09 / 14 / 2016
Transaction ID : SA11AI.4236
 Amount of Each Receipt this Period 39.91
 Memo Item

B. Bertuccini, Thomas, V., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 W. St. Mary Blvd
 City Lafayette State LA Zip Code 70505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 284.62

Date of Receipt 07 / 15 / 2016
Transaction ID : SA11AI.4243
 Amount of Each Receipt this Period 126.50
 Memo Item

C. Bertuccini, Thomas, V., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 W. St. Mary Blvd
 City Lafayette State LA Zip Code 70505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 364.31

Date of Receipt 08 / 15 / 2016
Transaction ID : SA11AI.4244
 Amount of Each Receipt this Period 79.69
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	246.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 21
<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)
LAFAYETTE SURGICAL HOSPITAL, LLC POLITICAL ACTION COMMITTEE

A. Bertuccini, Thomas, V., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 W. St. Mary Blvd
 City Lafayette State LA Zip Code 70505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 412.90

Date of Receipt 09 / 14 / 2016
Transaction ID : SA11AI.4246
 Amount of Each Receipt this Period 48.59
 Memo Item

B. Bidros, Dani, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 Hospital Drive Suite 203
 City Lafayette State LA Zip Code 70503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dani Bidros MD APMC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 251.96

Date of Receipt 07 / 15 / 2016
Transaction ID : SA11AI.4193
 Amount of Each Receipt this Period 111.98
 Memo Item

C. Bidros, Dani, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 Hospital Drive Suite 203
 City Lafayette State LA Zip Code 70503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dani Bidros MD APMC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 322.50

Date of Receipt 08 / 15 / 2016
Transaction ID : SA11AI.4194
 Amount of Each Receipt this Period 70.54
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	231.11
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 21
<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)
LAFAYETTE SURGICAL HOSPITAL, LLC POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Bidros, Dani, , ,		Date of Receipt
Mailing Address 155 Hospital Drive Suite 203		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2016"/>
City Lafayette	State LA	Zip Code 70503
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4195
Name of Employer (for Individual) Dani Bidros MD APMC		Amount of Each Receipt this Period <input type="text" value="43.01"/>
Occupation (for Individual) Physician		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="365.51"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Blanda, Louis, C, Jr,		Date of Receipt
Mailing Address 1103 Kaliste Saloom Rd Suite 100		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2016"/>
City Lafayette	State LA	Zip Code 70508
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4218
Name of Employer (for Individual) Lafayette Bone & Joint Clinic		Amount of Each Receipt this Period <input type="text" value="252.99"/>
Occupation (for Individual) Physician		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="569.21"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Blanda, Louis, C, Jr,		Date of Receipt
Mailing Address 1103 Kaliste Saloom Rd Suite 100		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2016"/>
City Lafayette	State LA	Zip Code 70508
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4219
Name of Employer (for Individual) Lafayette Bone & Joint Clinic		Amount of Each Receipt this Period <input type="text" value="159.38"/>
Occupation (for Individual) Physician		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="728.59"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="455.38"/>
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 OF 21
<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)
LAFAYETTE SURGICAL HOSPITAL, LLC POLITICAL ACTION COMMITTEE

A. Blanda, Louis, C, Jr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1103 Kaliste Saloom Rd
Suite 100

City Lafayette State LA Zip Code 70508

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

Name of Employer (for Individual) Lafayette Bone & Joint Clinic Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **825.77**

Date of Receipt **09 / 14 / 2016**

Transaction ID : SA11AI.4220

Amount of Each Receipt this Period **97.18**

Memo Item

B. Bourque, Thad, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1103 Kaliste Saloom Rd
#200

City Lafayette State LA Zip Code 70508

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

Name of Employer (for Individual) Southern Urology Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **08 / 15 / 2016**

Transaction ID : SA11AI.4241

Amount of Each Receipt this Period **62.50**

Memo Item

C. Bourque, Thad, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1103 Kaliste Saloom Rd
#200

City Lafayette State LA Zip Code 70508

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

Name of Employer (for Individual) Southern Urology Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **312.50**

Date of Receipt **09 / 14 / 2016**

Transaction ID : SA11AI.4242

Amount of Each Receipt this Period **62.50**

Memo Item

SUBTOTAL of Receipts This Page (optional).....	222.18
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 21
<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)
LAFAYETTE SURGICAL HOSPITAL, LLC POLITICAL ACTION COMMITTEE

A. David, Lisa, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 109 Rue Fontaine

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

Name of Employer (for Individual) David & Eldredge ENT Specialists	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
207.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2016

Transaction ID : SA11AI.4216

Amount of Each Receipt this Period
24.37

Memo Item

B. Domingue, Buffy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 239 Ramblewood Dr

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

Name of Employer (for Individual) Lafayette Surgical Hospital	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2016

Transaction ID : SA11AI.4189

Amount of Each Receipt this Period
250.00

Memo Item

C. Foreman, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1039 Camellia Blvd

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

Name of Employer (for Individual) Self	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
233.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2016

Transaction ID : SA11AI.4196

Amount of Each Receipt this Period
103.89

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	378.26
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 21
<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)
LAFAYETTE SURGICAL HOSPITAL, LLC POLITICAL ACTION COMMITTEE

A. Foreman, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1039 Camellia Blvd
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 299.20

Date of Receipt 08 / 15 / 2016
Transaction ID : SA11AI.4197
 Amount of Each Receipt this Period 65.45
 Memo Item

B. Foreman, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1039 Camellia Blvd
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 339.11

Date of Receipt 09 / 14 / 2016
Transaction ID : SA11AI.4198
 Amount of Each Receipt this Period 39.91
 Memo Item

C. Gillespie, Joseph, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1103 Kaliste Saloom Rd Suite 202
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 284.62

Date of Receipt 07 / 15 / 2016
Transaction ID : SA11AI.4211
 Amount of Each Receipt this Period 126.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	231.86
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 21
<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)
LAFAYETTE SURGICAL HOSPITAL, LLC POLITICAL ACTION COMMITTEE

A. Gillespie, Joseph, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1103 Kaliste Saloom Rd
 Suite 202
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 364.31

Date of Receipt 08 / 15 / 2016
Transaction ID : SA11AI.4212
 Amount of Each Receipt this Period 79.69
 Memo Item

B. Gillespie, Joseph, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1103 Kaliste Saloom Rd
 Suite 202
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 412.90

Date of Receipt 09 / 14 / 2016
Transaction ID : SA11AI.4213
 Amount of Each Receipt this Period 48.59
 Memo Item

C. Kasarla, Amarendar, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1103 Kaliste Saloom Rd
 Suite 304
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 214.29

Date of Receipt 08 / 15 / 2016
Transaction ID : SA11AI.4186
 Amount of Each Receipt this Period 71.43
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	199.71
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 21
	<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)
LAFAYETTE SURGICAL HOSPITAL, LLC POLITICAL ACTION COMMITTEE

A. Kasarla, Amarendar, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1103 Kaliste Saloom Rd
 Suite 304
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.72

Date of Receipt 09 / 14 / 2016
Transaction ID : SA11AI.4188
 Amount of Each Receipt this Period 71.43
 Memo Item

B. Leoni, Ricardo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 Rue Louis XIV
 Ste B
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 207.12

Date of Receipt 09 / 14 / 2016
Transaction ID : SA11AI.4232
 Amount of Each Receipt this Period 24.37
 Memo Item

C. Mitchell, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1103 Kaliste Saloom Rd
 Suite 304
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 207.12

Date of Receipt 09 / 14 / 2016
Transaction ID : SA11AI.4226
 Amount of Each Receipt this Period 24.37
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	120.17
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 21
<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)
LAFAYETTE SURGICAL HOSPITAL, LLC POLITICAL ACTION COMMITTEE

A. Montgomery, Denbo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 Bendel Rd
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 233.75

Date of Receipt 07 / 15 / 2016
Transaction ID : SA11AI.4202
 Amount of Each Receipt this Period 103.89
 Memo Item

B. Montgomery, Denbo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 Bendel Rd
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 299.20

Date of Receipt 08 / 15 / 2016
Transaction ID : SA11AI.4203
 Amount of Each Receipt this Period 65.45
 Memo Item

C. Montgomery, Denbo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 Bendel Rd
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 339.11

Date of Receipt 09 / 14 / 2016
Transaction ID : SA11AI.4204
 Amount of Each Receipt this Period 39.91
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	209.25
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 21
<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)
LAFAYETTE SURGICAL HOSPITAL, LLC POLITICAL ACTION COMMITTEE

A. Muldowny, David, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 Parkway Dr
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 426.88

Date of Receipt 07 / 15 / 2016
Transaction ID : SA11AI.4199
 Amount of Each Receipt this Period 189.72
 Memo Item

B. Muldowny, David, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 Parkway Dr
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 546.41

Date of Receipt 08 / 15 / 2016
Transaction ID : SA11AI.4200
 Amount of Each Receipt this Period 119.53
 Memo Item

C. Muldowny, David, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 Parkway Dr
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 619.29

Date of Receipt 09 / 14 / 2016
Transaction ID : SA11AI.4201
 Amount of Each Receipt this Period 72.88
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	382.13
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 21
<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)
LAFAYETTE SURGICAL HOSPITAL, LLC POLITICAL ACTION COMMITTEE

A. Noel, Phillip, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2615 North Drive
 City Abbeville State LA Zip Code 70510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 207.12

Date of Receipt 09 / 14 / 2016
Transaction ID : SA11AI.4229
 Amount of Each Receipt this Period 24.37
 Memo Item

B. Perry, Adam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 Rue Louis XIV
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 207.12

Date of Receipt 09 / 14 / 2016
Transaction ID : SA11AI.4181
 Amount of Each Receipt this Period 24.37
 Memo Item

C. Sledge, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1103 Kaliste Saloom Rd Suite 100
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 214.29

Date of Receipt 08 / 15 / 2016
Transaction ID : SA11AI.4209
 Amount of Each Receipt this Period 71.43
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.17
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 21
<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)
LAFAYETTE SURGICAL HOSPITAL, LLC POLITICAL ACTION COMMITTEE

A. Sledge, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1103 Kaliste Saloom Rd
 Suite 100
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.72

Date of Receipt **09 / 14 / 2016**
Transaction ID : SA11AI.4210
 Amount of Each Receipt this Period 71.43
 Memo Item

B. Staiores, Steve, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1103 Kaliste Saloom Rd
 Suite 208
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 284.62

Date of Receipt **07 / 15 / 2016**
Transaction ID : SA11AI.4237
 Amount of Each Receipt this Period 126.50
 Memo Item

C. Staiores, Steve, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1103 Kaliste Saloom Rd
 Suite 208
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 364.31

Date of Receipt **08 / 15 / 2016**
Transaction ID : SA11AI.4238
 Amount of Each Receipt this Period 79.69
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	277.62
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 21
	<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)
LAFAYETTE SURGICAL HOSPITAL, LLC POLITICAL ACTION COMMITTEE

A. Staires, Steve, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1103 Kaliste Saloom Rd
 Suite 208
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 412.90

Date of Receipt 09 / 14 / 2016
Transaction ID : SA11AI.4239
 Amount of Each Receipt this Period 48.59
 Memo Item

B. Stubbs, Malcolm, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1103 Kaliste Saloom Rd
 Suite 100
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 15 / 2016
Transaction ID : SA11AI.4221
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Stubbs, Malcolm, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1103 Kaliste Saloom Rd
 Suite 100
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 15 / 2016
Transaction ID : SA11AI.4222
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	248.59
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 21
	<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)
LAFAYETTE SURGICAL HOSPITAL, LLC POLITICAL ACTION COMMITTEE

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stubbs, Malcolm, , ,

Mailing Address 1103 Kaliste Saloom Rd
Suite 100

City Lafayette State LA Zip Code 70508

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

Name of Employer (for Individual) Self Occupation (for Individual) Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2016

Transaction ID : SA11AI.4223

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	4127.44