PAGE 1 / 21

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

| TOKIN OX F | or Other Than An Au | thorized Committee | Office Use Only |
|---|--|--|---|
| NAME OF COMMITTEE (in full) | TYPE OR PRINT ▼ | Example: If typing, typover the lines. | e 12FE4M5 |
| LAFAYETTE SURGICA | AL HOSPITAL, LLC | POLITICAL ACTION | COMMITTEE |
| | | | |
| ADDRESS (number and street) | 1101 KALISTE SALOOM I | RD | |
| ▼ Check if different | | | |
| than previously reported. (ACC) | LAFAYETTE | | LA 70508 - - |
| 2. FEC IDENTIFICATION NU | MBER ▼ C | TY▲ | STATE ▲ ZIP CODE ▲ |
| C C00616375 | | IS THIS REPORT NEW (N) | OR AMENDED (A) |
| 4. TYPE OF REPORT (Choose One) | Report Due On: | b 20 (M2) May 20 | (Non-Election Year Only) |
| (a) Quarterly Reports: | | | (Non-Election Year Only) |
| April 15 | | r 20 (M4) Jul 20 (| (M7) Oct 20 (M10) Jan 31 (YE) |
| Quarterly Report (Q: July 15 | (C) 12-Day | Primary (12P) | General (12G) Runoff (12R) |
| Quarterly Report (Q: | Report for the: | Convention (12C) | Special (12S) |
| Quarterly Report (Q: | 3) | M = M / D = D | / Y Y Y Y y in the |
| January 31 Year-End Report (Yi | Elect | ion on | State of |
| July 31 Mid-Year Report (Non-election Year Only) (MY) | (d) 30-Day POST-Election Report for the: | General (30G) | Runoff (30R) Special (30S) |
| Termination Report (TER) | · | ion on | in the State of |
| 5. Covering Period 07 | 01 2016 | | 09 / 30 / 2016 |
| I certify that I have examined this | | of my knowledge and belief it | t is true, correct and complete. |
| Type or Print Name of Treasurer | Staheli, Michael, C, , | | |
| Signature of Treasurer Stahel | i, Michael, C, , | [Electronically Filed] | Date 10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| NOTE: Submission of false, errone | ous, or incomplete informati | on may subject the person sig | ning this Report to the penalties of 52 U.S.C. § 3010 |
| Office | · | | FEC FORM 3X |
| Use Only | | | Rev. 05/2016 |

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

LAFAYETTE SURGICAL HOSPITAL, LLC POLITICAL ACTION COMMITTEE

| перс | ort Covering the Period: From: 0 | 7 01 2016 To: | 09 30 2016 |
|------|---|-------------------------|-----------------------------------|
| | | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
| . (a |) Cash on Hand January 1, 2016 | | 0.00 |
| (b |) Cash on Hand at Beginning of Reporting Period | 3597.66 | |
| (c |) Total Receipts (from Line 19) | 5056.75 | 8654.41 |
| (d | Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 8654.41 | 8654.41 |
| . To | otal Disbursements (from Line 31) | 0.00 | 0.00 |
| R | ash on Hand at Close of eporting Period ubtract Line 7 from Line 6(d)) | 8654.41 | 8654.41 |
| th | ebts and Obligations Owed TO e Committee (Itemize all on chedule C and/or Schedule D) | 0.00 | |
| th | ebts and Obligations Owed BY e Committee (Itemize all on chedule C and/or Schedule D) | 0.00 | |

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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

LAFAYETTE SURGICAL HOSPITAL, LLC POLITICAL ACTION COMMITTEE

| | eport Covering the Period: From: 07 | COLUMN A | COLUMN B |
|-----|--|-------------------|-----------------------|
| | i. Neceipts | Total This Period | 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(iii) TOTAL (add | 929.30 | 3591.64 |
| | Lines 11(a)(i) and (ii) | 5056.74 | 8654.40 |
| | (b) Political Party Committees | 0.00 | 0.00 |
| | (such as PACs)(d) Total Contributions (add Lines | 0.00 | 0.00 |
| | 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 |
| | Loan Repayments Received | 0.00 | 0.00 |
| 15. | Offsets To Operating Expenditures (Refunds, Rebates, etc.) | | |
| 16. | (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 17 | to Federal Candidates and Other Political Committees | 0.00 | 0.00 |
| | Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds | 0.01 | 0.01 |
| | (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

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|----------------------------|-----------------------------------|
| Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | Suisinda Tour to Date |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non Fodoud Chare | 0.00 | 0.00 |
| (ii) Non-Federal Share(b) Other Federal Operating | 0.00 | 0.00 |
| Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures | 1 1 1 1 1 1 1 1 1 1 | |
| (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 |
| Contributions to Federal Candidates/Committees | 4 4 | 4 4 |
| and Other Political Committees | 0.00 | 0.00 |
| Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| Coordinated Party Expenditures (52 U.S.C. § 30116(d)) | 45 45 45 | 4 4 4 |
| (use Schedule F) | 0.00 | 0.00 |
| Loan Repayments Made | 0.00 | 2.22 |
| Loan riepayments wade | 0.00 | 0.00 |
| Loans Made | 0.00 | 0.00 |
| Refunds of Contributions To: (a) Individuals/Persons Other | 7 7 7 | |
| Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees | 4 4 | 7 7 7 |
| (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds | | |
| (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| Other Disbursements (Including | | |
| Non-Federal Donations) | . 0.00 | 0.00 |
| Federal Election Activity (52 U.S.C. § 301 | 01(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 | 4 4 | |
| 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 |
| (,(, (,() (,(, | 0.00 | 0.00 |
| Total Disbursements (add Lines 21(c), 22 | , | |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 0.00 | 0.00 |
| Total Federal Disbursements | | |
| (subtract Line 21(a)(ii) and Line 30(a)(ii) | | |
| from Line 31) | 0.00 | 0.00 |
| | 7 7 | 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 | | |
| 3. Total Contributions (other than loans) (from Line 11(d), page 3) | 5056.74 | 8654.40 | | |
| 4. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 | | |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 5056.74 | 8654.40 | | |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 0.00 | 0.00 | | |
| 7. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 | | |
| 8. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 | | |

| | FOR LINE NUMBER: | | | | | | PAGE | 6 | OF | 21 | |
|------------------|------------------|---|-----|--|-----|--|------|----|----|----|--|
| (check only one) | | | | | | | | | | | |
| | | X | 11a | | 11b | | 11c | 12 | | | |
| | | | 13 | | 14 | | 15 | 16 | ; | 17 | |

| | | | erson for the purpose of soliciting contributions e to solicit contributions from such committee. | | | | |
|---|-------------------------------|----------------------------------|---|--|--|--|--|
| NAME OF COMMITTEE (In Full) LAFAYETTE SURGICAL HO | OSPITAL, LLC | POLITICAL ACTION | N COMMITTEE | | | | |
| Full Name of Individual (Last, First, Middle A. Alldredge, John, , , Mailing Address 125 Acacia Dr | le Initial) or Full Org | ganization Name | Date of Receipt | | | | |
| | | | 09 14 2016 | | | | |
| City | State | Zip Code | Transaction ID : SA11AI.4207 | | | | |
| Lafayette | LA | 70508 | Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | С | | 24.37 | | | | |
| Name of Employer (for Individual) Self | Occup Physi | oation (for Individual) cian | Memo Item | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Y | ear-to-Date ▼ 207.12 | | | | | |
| Full Name of Individual (Last, First, Middle B. Appley, Alan, , , Mailing Address 323 Beverly Dr | | | | | | | |
| | 07 15 2016 | | | | | | |
| City | State | Zip Code | Transaction ID : SA11AI.4182 | | | | |
| Lafayette | LA | 70503 | Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | ů l | | | | | | |
| Name of Employer (for Individual) Alan Appley, MD APMC | Occup Physi | oation (for Individual) ician | Memo Item | | | | |
| Receipt For: | Aggregate Y | ear-to-Date ▼ | | | | | |
| Primary General Other (specify) ▼ | 4 | 571.07 | | | | | |
| Full Name of Individual (Last, First, Middl C. Appley, Alan, , , | le Initial) or Full Org | ganization Name | Date of Receipt | | | | |
| Mailing Address 323 Beverly Dr | | | 08 15 2016 | | | | |
| City Lafayette | State LA | Zip Code 70503 | Transaction ID : SA11AI.4183 Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | C | | 159.90 | | | | |
| Name of Employer (for Individual) | | pation (for Individual) | Memo Item | | | | |
| Alan Appley, MD APMC Receipt For: | lan Appley, MD APMC Physician | | | | | | |
| Primary General Other (specify) | Aggregate Y | ear-to-Date ▼ 730.97 | | | | | |
| SUBTOTAL of Receipts This Page (optional | |) | 438.08 | | | | |

| FOR LINE NUMBER: | | | | | | PAGE | 7 | OF | 21 |
|------------------|---|-----|--|-----|--|------|----|----|----|
| (check only one) | | | | | | | | | |
| | X | 11a | | 11b | | 11c | 12 | 2 | |
| | | 13 | | 14 | | 15 | 16 | 6 | 17 |

| | information copied from such Reports and Sta or commercial purposes, other than using the r | | | | | | |
|--------------|--|---|---|---|--|--|--|
| | NAME OF COMMITTEE (In Full) LAFAYETTE SURGICAL HOSPI | TAL, LLC | POLITICAL ACTION (| COMMITTEE | | | |
| A. _ | Full Name of Individual (Last, First, Middle Initia Appley, Alan, , , Mailing Address 323 Beverly Dr | l) or Full Orga | nization Name | Date of Receipt 09 14 2016 Transaction ID: SA11AI.4184 | | | |
| F fe N | Lafayette EC ID number of contributing ederal political committee. Jame of Employer (for Individual) elan Appley, MD APMC eleceipt For: | Amount of Each Receipt this Period 97.49 Memo Item | | | | | |
| | Primary General Other (specify) ▼ | Primary General Other (specify) ▼ 828.46 | | | | | |
| B N | Full Name of Individual (Last, First, Middle Initial Barry, Robin, , , Mailing Address 4212 West Congress St. Suite 1500 City | State | Zip Code | Date of Receipt 07 15 2016 | | | |
| L F fe | Lafayette EEC ID number of contributing ederal political committee. | 70506 | Transaction ID : SA11AI.4234 Amount of Each Receipt this Period 103.89 Memo Item | | | | |
| S | Name of Employer (for Individual) iself Receipt For: Primary General Other (specify) | Physici Aggregate Yea | | | | | |
| C | Full Name of Individual (Last, First, Middle Initial Barry, Robin, , , Mailing Address 4212 West Congress St. Suite 1500 City Lafayette FEC ID number of contributing ederal political committee. Jame of Employer (for Individual) Self Receipt For: Primary General Other (specify) | State LA | Zip Code 70506 ation (for Individual) | Date of Receipt M M M / D D / 2016 Transaction ID : SA11AI.4235 Amount of Each Receipt this Period 65.45 Memo Item | | | |
| | BTOTAL of Receipts This Page (optional) TAL This Period (last page this line number or | | <u>^</u> _ | 266.83 | | | |

| | | | | | | PAGE | 8 | OF | 21 |
|------------------|---|-----|--|-----|--|------|----|----|----|
| (check only one) | | | | | | | | | |
| | × | 11a | | 11b | | 11c | 12 | 2 | |
| | | 13 | | 14 | | 15 | 16 | 6 | 17 |

| Any information copied from such Reports and or for commercial purposes, other than using t | I Statements may the name and add | not be sold or used by any per lress of any political committee | erson for the purpose of soliciting contributions to solicit contributions from such committee. | | | | |
|--|-----------------------------------|--|---|--|--|--|--|
| NAME OF COMMITTEE (In Full) LAFAYETTE SURGICAL HOS | SPITAL, LLC | POLITICAL ACTION | COMMITTEE | | | | |
| Full Name of Individual (Last, First, Middle Barry, Robin, , , Mailing Address 4212 West Congress St. | Initial) or Full Orga | anization Name | Date of Receipt | | | | |
| Suite 1500 | | | 09 14 2016 | | | | |
| City | State | Zip Code | Transaction ID : SA11AI.4236 | | | | |
| Lafayette | LA | 70506 | Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | C | | 39.91 | | | | |
| Name of Employer (for Individual) Self | Occup- Physic | ation (for Individual) sian | Memo Item | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Ye | ear-to-Date ▼ 339.11 | | | | | |
| Full Name of Individual (Last, First, Middle Bertuccini, Thomas, V., , Mailing Address 601 W. St. Mary Blvd | | | | | | | |
| | City State Zip Code | | | | | | |
| Lafayette | LA | 70505 | Transaction ID : SA11AI.4243 Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | С | | 126.50 | | | | |
| Name of Employer (for Individual) Self | Occup Physic | ation (for Individual) cian | Memo Item | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Ye | ear-to-Date ▼ 284.62 | | | | | |
| Full Name of Individual (Last, First, Middle Bertuccini, Thomas, V., , | Initial) or Full Org | anization Name | Date of Receipt | | | | |
| Mailing Address 601 W. St. Mary Blvd | | | 08 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | |
| City | State LA | Zip Code | Transaction ID : SA11AI.4244 | | | | |
| Lafayette | LA | 70505 | Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | С | | 79.69 | | | | |
| Name of Employer (for Individual) Self | Occupa Physic | ation (for Individual) ian | Memo Item | | | | |
| Receipt For: Primary General Other (specify) | Aggregate Ye | ear-to-Date ▼ 364.31 | | | | | |
| SUBTOTAL of Receipts This Page (optional). | | ····· | 246.10 | | | | |
| TOTAL This Period (last page this line number | er only) | | | | | | |

| | | | | | | PAGE | 9 | OF | 21 |
|------------------|---|-----|--|-----|--|------|----|----|----|
| (check only one) | | | | | | | | | |
| | X | 11a | | 11b | | 11c | 12 | 2 | |
| | | 13 | | 14 | | 15 | 16 | 6 | 17 |

| | Statements may not be sold or used by any pers he name and address of any political committee to | |
|--|---|--|
| NAME OF COMMITTEE (In Full) LAFAYETTE SURGICAL HOS | SPITAL, LLC POLITICAL ACTION (| COMMITTEE |
| Full Name of Individual (Last, First, Middle I Bertuccini, Thomas, V., , | nitial) or Full Organization Name | Date of Receipt |
| Mailing Address 601 W. St. Mary Blvd | | 09 14 2016 |
| City | State Zip Code | Transaction ID : SA11AI.4246 |
| Lafayette | LA 70505 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 48.59 |
| Name of Employer (for Individual) | Occupation (for Individual) | Memo Item |
| Self | Physician | _ |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 412.90 | |
| | | |
| Full Name of Individual (Last, First, Middle I Bidros, Dani, , , | Initial) or Full Organization Name | Date of Receipt |
| Mailing Address 155 Hospital Drive | | M M / D D / Y Y Y Y Y |
| Suite 203 City | State Zip Code | 07 15 2016 |
| Lafayette | LA 70503 | Transaction ID : SA11AI.4193 Amount of Each Receipt this Period |
| | 1000 | Amount of Lacif Necespt this Period |
| FEC ID number of contributing federal political committee. | C | 111.98 |
| Name of Employer (for Individual) Dani Bidros MD APMC | Occupation (for Individual) Physician | Memo Item |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 251.96 | |
| Full Name of Individual (Last, First, Middle I Bidros, Dani, , , | Initial) or Full Organization Name | Date of Receipt |
| Mailing Address 155 Hospital Drive | | M = M / D = D / Y = Y = Y |
| Suite 203 | | 08 15 2016 |
| City | State Zip Code | Transaction ID : SA11AI.4194 |
| Lafayette | LA 70503 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 70.54 |
| Name of Employer (for Individual) Dani Bidros MD APMC | Occupation (for Individual) Physician | Memo Item |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) | 322.50 | |
| SUBTOTAL of Receipts This Page (optional) | | 231.11 |
| TOTAL This Period (last page this line number | er only) | |

| F | OR | LINE | NU | MBER | PAGE | _ ′ | 10 | OF | 21 | |
|----|-----|---------|----|------|------|-----|----|----|----|----|
| (0 | che | ck only | or | ne) | | | | | | |
| | X | 11a | | 11b | | 11c | | 12 | | |
| | | 13 | | 14 | | 15 | | 16 | ; | 17 |

| | | | | | for the purpose of soliciting contributions solicit contributions from such committee. |
|--|--------------------------|---------------------|----------------------------|----------|--|
| NAME OF COMMITTEE (I | • | AL, LLC I | POLITICAL ACTI | ION CC | DMMITTEE |
| Full Name of Individual (La Bidros, Dani, , , Mailing Address 155 Hosp | | or Full Organ | ization Name | | Date of Receipt |
| Suite 203 | itai Diive | | | | 09 14 2016 |
| City Suite 203 | I | State | Zip Code | | Transaction ID : SA11AI.4195 |
| Lafayette | | LA | 70503 | | Amount of Each Receipt this Period |
| FEC ID number of contributed federal political committee. | uting | С | | | 43.01 |
| Name of Employer (for Inc | lividual) | Occupat Physicia | on (for Individual) n | | Memo Item |
| Receipt For: Primary Ge Other (specify) ▼ | neral | Aggregate Yea | r-to-Date ▼ 365.51 | | |
| Full Name of Individual (La Blanda, Louis, C, Jr, Mailing Address 1103 Kalis | | or Full Orgar | ization Name | | Date of Receipt |
| Suite 100 | | | | | 07 15 2016 |
| City | | State | Zip Code | | Transaction ID : SA11AI.4218 |
| Lafayette | | LA | 70508 | | Amount of Each Receipt this Period |
| FEC ID number of contributed federal political committee. | uting | С | | | 252.99 |
| Name of Employer (for Inc Lafayette Bone & Joint Clin | | Occupat Physicia | ion (for Individual) an | | Memo Item |
| Receipt For: Primary Ge Other (specify) ▼ | neral | Aggregate Yea | r-to-Date ▼ 569.21 | | |
| Full Name of Individual (La | | or Full Organ | ization Name | | Date of Receipt |
| Mailing Address 1103 Kali Suite 100 | | | | | 08 15 2016 |
| City Lafayette | | State LA | Zip Code 70508 | <u> </u> | Transaction ID : SA11AI.4219 |
| | | | 70000 | | Amount of Each Receipt this Period |
| FEC ID number of contribution federal political committee. | uting | С | | | 159.38 |
| Name of Employer (for Inc Lafayette Bone & Joint Clin | , | Occupat Physicia | ion (for Individual) n | | Memo Item |
| Receipt For: | | Aggregate Yea | r-to-Date ▼ | | |
| Primary Ge Other (specify) | neral | 1 1 7 | 728.59 | | |
| SUBTOTAL of Receipts This | Page (optional) | | | ▶ | 455.38 |
| TOTAL This Period (last page | ge this line number only | y) | | ▶ | |

| FOR LINE NUMBER: | | | | | | PAGE | 1 | 11 | OF | 2 | 21 |
|------------------|----|---------|-----|-----|--|------|---|----|----|---|----|
| (C | he | ck only | ne) | | | | | | | | |
| | X | 11a | | 11b | | 11c | | 12 | | | |
| | | 13 | | 14 | | 15 | | 16 | ; | | 17 |

| Any information copied from such Reports ar or for commercial purposes, other than using | d Statements may not be sold or used the name and address of any political | by any person for the purpose of soliciting contributions committee to solicit contributions from such committee. |
|--|--|---|
| NAME OF COMMITTEE (In Full) LAFAYETTE SURGICAL HC | SPITAL, LLC POLITICAL A | ACTION COMMITTEE |
| Full Name of Individual (Last, First, Middle Blanda, Louis, C, Jr, Mailing Address 1103 Kaliste Saloom Rd | Initial) or Full Organization Name | Date of Receipt |
| Suite 100 | | 09 14 2016 |
| City | State Zip Code | Transaction ID : SA11AI.4220 |
| Lafayette | LA 70508 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 97.18 |
| Name of Employer (for Individual) Lafayette Bone & Joint Clinic | Occupation (for Individual) Physician | Memo Item |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | 25.77 |
| Full Name of Individual (Last, First, Middle Bourque, Thad, , , | Initial) or Full Organization Name | Date of Receipt |
| Mailing Address 1103 Kaliste Saloom Rd #200 City | State Zip Code | 08 15 2016 |
| Lafayette | LA 70508 | Transaction ID : SA11AI.4241 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 62.50 |
| Name of Employer (for Individual) Southern Urology | Occupation (for Individual) Physician | Memo Item |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | 50.00 |
| Full Name of Individual (Last, First, Middle C. Bourque, Thad, , , | Initial) or Full Organization Name | Date of Receipt |
| Mailing Address 1103 Kaliste Saloom Rd #200 | | 09 / 14 / 2016 |
| City Lafayette | State Zip Code 70508 | Transaction ID : SA11AI.4242 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 62.50 |
| Name of Employer (for Individual) Southern Urology | Occupation (for Individual) Physician | Memo Item |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ | 12.50 |
| SUBTOTAL of Receipts This Page (optional |) | |
| TOTAL This Period (last page this line num | per only) | |

| | | LINE | | PAGE | _ 1 | 12 | OF | 21 | |
|---|-----|---------|------|------|-----|----|----|----|----|
| (| che | ck only | | | | | | | |
| | × | 11a | 11b | | 11c | | 12 | | |
| | | 13 | 14 | | 15 | | 16 | ; | 17 |

| | Statements may not be sold or used by any perse name and address of any political committee to | |
|---|--|--|
| NAME OF COMMITTEE (In Full) LAFAYETTE SURGICAL HOSE | PITAL, LLC POLITICAL ACTION (| COMMITTEE |
| Full Name of Individual (Last, First, Middle In David, Lisa, , , Mailing Address 109 Rue Fontaine | itial) or Full Organization Name | Date of Receipt |
| City | State Zip Code | 09 14 2016 Transaction ID : SA11AI.4216 |
| Lafayette FEC ID number of contributing federal political committee. | C 70508 | Amount of Each Receipt this Period 24.37 |
| Name of Employer (for Individual) David & Eldredge ENT Specialis Receipt For: Primary General Other (specify) ▼ | Occupation (for Individual) Physician Aggregate Year-to-Date ▼ 207.12 | Memo Item |
| Full Name of Individual (Last, First, Middle In Domingue, Buffy, , , Mailing Address 239 Ramblewood Dr | itial) or Full Organization Name | Date of Receipt 09 23 2016 |
| City Lafayette FEC ID number of contributing federal political committee. | State Zip Code 70508 | Transaction ID : SA11AI.4189 Amount of Each Receipt this Period 250.00 |
| Name of Employer (for Individual) Lafayette Surgical Hospital Receipt For: | Occupation (for Individual) CEO | Memo Item |
| Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name of Individual (Last, First, Middle In Foreman, David, , , Mailing Address 1039 Camellia Blvd City | itial) or Full Organization Name State Zip Code | Date of Receipt 07 15 2016 Transaction ID: SA11AI.4196 |
| Lafayette FEC ID number of contributing federal political committee. | LA 70508 | Amount of Each Receipt this Period |
| Name of Employer (for Individual) Self Receipt For: Primary Other (specify) | Occupation (for Individual) Physician Aggregate Year-to-Date ▼ 233.75 | Memo Item |
| SUBTOTAL of Receipts This Page (optional) | | 378.26 |
| TOTAL This Period (last page this line number | only) | |

| | | LINE | PAGE | 13 | OF | 21 | | | |
|----|-----|---------|------|--------|-----|----|--|----|--|
| (0 | che | ck only | | | | | | | |
| | X | 11a | 11b | | 11c | 12 | | | |
| | | 13 | 14 | | 15 | 16 | | 17 | |

| | ny information copied from such Reports and St for commercial purposes, other than using the | | | |
|----------------|---|-----------------|--------------------------------|--|
| | NAME OF COMMITTEE (In Full) LAFAYETTE SURGICAL HOSP | ITAL, LLC | POLITICAL ACTION | COMMITTEE |
| Α. | Full Name of Individual (Last, First, Middle Initi Foreman, David, , , Mailing Address 1039 Camellia Blvd | al) or Full Org | anization Name | Date of Receipt |
| | City | State | Zip Code | 08 15 2016 |
| | Lafayette | LA | 70508 | Transaction ID : SA11AI.4197 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 65.45 |
| | Name of Employer (for Individual) Self | Occup Physic | ation (for Individual) cian | Memo Item |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Yo | ear-to-Date ▼ 299.20 | |
| В. | Full Name of Individual (Last, First, Middle Initi Foreman, David, , , Mailing Address 1039 Camellia Blvd | al) or Full Org | anization Name | Date of Receipt |
| | | | | 09 14 2016 |
| | City | State LA | Zip Code | Transaction ID : SA11AI.4198 |
| | Lafayette FEC ID number of contributing federal political committee. | C | 70508 | Amount of Each Receipt this Period 39.91 |
| | Name of Employer (for Individual) Self | Occup Physi | pation (for Individual) | Memo Item |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Yo | ear-to-Date ▼ 339.11 | |
| С . | Full Name of Individual (Last, First, Middle Initi | al) or Full Org | anization Name | Date of Receipt |
| | Mailing Address 1103 Kaliste Saloom Rd Suite 202 | State | 7:- Code | 07 15 2016 |
| | City Lafayette | LA | Zip Code 70508 | Transaction ID : SA11AI.4211 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 126.50 |
| | Name of Employer (for Individual) Self | Occup Physic | ation (for Individual) sian | Memo Item |
| | Receipt For: Primary General Other (specify) | Aggregate Yo | ear-to-Date ▼ 284.62 | |
| H | SUBTOTAL of Receipts This Page (optional) | | | 231.86 |
| 1 ' | OTAL This Period (last page this line number of | ,, ,, à) | | |

| ı | _ | | | | MBER | : | PAGE | _ ′ | 14 | OF | | 21 |
|------------------|---|---|-----|--|------|---|------|-----|----|----|--|----|
| (check only one) | | | | | | | | | | | | |
| | | X | 11a | | 11b | | 11c | | 12 | | | |
| ı | | | 13 | | 14 | | 15 | | 16 | | | 17 |

| Any information copied from such Reports and or for commercial purposes, other than using the | | | person for the purpose of soliciting contributions e to solicit contributions from such committee. |
|---|----------------------|-----------------------------|--|
| NAME OF COMMITTEE (In Full) LAFAYETTE SURGICAL HOS | PITAL, LLC | POLITICAL ACTIO | N COMMITTEE |
| Full Name of Individual (Last, First, Middle Ir Gillespie, Joseph, T., , | nitial) or Full Orga | nization Name | Date of Receipt |
| Mailing Address 1103 Kaliste Saloom Rd | | | 08 15 2016 |
| Suite 202 City | State | Zip Code | Transaction ID : SA11AI.4212 |
| Lafayette | LA | 70508 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 79.69 |
| Name of Employer (for Individual) Self | Occupa Physicia | tion (for Individual) an | Memo Item |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Yea | ar-to-Date ▼ 364.31 | |
| Full Name of Individual (Last, First, Middle In Gillespie, Joseph, T., , | nitial) or Full Orga | nization Name | Date of Receipt |
| Mailing Address 1103 Kaliste Saloom Rd Suite 202 City | State | Zip Code | 09 14 2016 |
| Lafayette | LA | 70508 | Transaction ID : SA11AL4213 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 48.59 |
| Name of Employer (for Individual) Self | Occupa Physici | tion (for Individual) an | Memo Item |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Yea | ar-to-Date ▼ 412.90 | |
| Full Name of Individual (Last, First, Middle In Kasarla, Amarendar, , , | nitial) or Full Orga | nization Name | Date of Receipt |
| Mailing Address 1103 Kaliste Saloom Rd Suite 304 | | | 08 15 2016 |
| City Lafayette | State LA | Zip Code 70508 | Transaction ID : SA11AI.4186 |
| FEC ID number of contributing federal political committee. | С | 70000 | Amount of Each Receipt this Period 71.43 |
| Name of Employer (for Individual) Self | Occupa Physicia | tion (for Individual) an | Memo Item |
| Receipt For: | Aggregate Yea | ar-to-Date ▼ | |
| Primary General Other (specify) | | 214.29 | |
| SUBTOTAL of Receipts This Page (optional) | | | 199.71 |
| TOTAL This Period (last page this line number | r only) | | |

| F | OR | LINE | NU | MBER | PAGE | _ ′ | 15 | OF | 21 | |
|----|-----|---------|----|------|------|-----|----|----|----|----|
| (0 | che | ck only | or | ne) | | | | | | |
| | X | 11a | | 11b | | 11c | | 12 | | |
| | | 13 | | 14 | | 15 | | 16 | ; | 17 |

| Any information copied from such Reports and or for commercial purposes, other than using the | | | | | | | |
|---|---------------------|----------------------------------|--|--|--|--|--|
| NAME OF COMMITTEE (In Full) LAFAYETTE SURGICAL HOS | PITAL, LLC | C POLITICAL ACTION | COMMITTEE | | | | |
| Full Name of Individual (Last, First, Middle II Kasarla, Amarendar, , , | nitial) or Full Orç | ganization Name | Date of Receipt | | | | |
| Mailing Address 1103 Kaliste Saloom Rd | | | 09 14 2016 | | | | |
| Suite 304 City | State | Zip Code | Transaction ID : SA11AI.4188 | | | | |
| Lafayette | LA | 70508 | Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | C | | 71.43 | | | | |
| Name of Employer (for Individual) Self | Occup Physi | oation (for Individual) ician | Memo Item | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Y | ′ear-to-Date ▼ 285.72 | | | | | |
| Full Name of Individual (Last, First, Middle II Leoni, Ricardo, , , | nitial) or Full Org | ganization Name | Date of Receipt | | | | |
| Mailing Address 203 Rue Louis XIV Ste B City | State | Zip Code | 09 14 2016 | | | | |
| Lafayette | LA | 70508 | Transaction ID : SA11AI.4232 Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | С | | 24.37 | | | | |
| Name of Employer (for Individual) Self | Occup Phys | pation (for Individual) ician | Memo Item | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Y | 'ear-to-Date ▼ 207.12 | | | | | |
| Full Name of Individual (Last, First, Middle In Mitchell, Matthew, , , | nitial) or Full Org | ganization Name | Date of Receipt | | | | |
| Mailing Address 1103 Kaliste Saloom Rd Suite 304 | 0. | The Court | 09 14 2016 | | | | |
| City Lafayette | State LA | Zip Code 70508 | Transaction ID : SA11AI.4226 | | | | |
| FEC ID number of contributing federal political committee. | C | | Amount of Each Receipt this Period 24.37 | | | | |
| Name of Employer (for Individual) APC | Occup Physic | pation (for Individual) | Memo Item | | | | |
| Receipt For: Primary General Other (specify) | Aggregate Y | /ear-to-Date ▼ 207.12 | | | | | |
| SUBTOTAL of Receipts This Page (optional) | | > | 120.17 | | | | |
| TOTAL This Period (last page this line number | r only) | | | | | | |

Name of Employer (for Individual)

General

Self

C.

Receipt For:

Primary

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

| F | OR | LINE | NU | MBER | : | PAGE | 16 | OF | 21 | |
|------------------|-----|---------|----|------|---|------|--------|----|----|--|
| (0 | che | ck only | | | | | | | | |
| X 11a 11b | | | | | | 11c | 12 | | | |
| | | 13 | | 14 | | 15 | 16 | | 17 | |

Memo Item

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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Montgomery, Denbo, , , Date of Receipt Mailing Address 225 Bendel Rd 2016 15 City State Zip Code Transaction ID: SA11AI.4202 LA Lafayette 70508 Amount of Each Receipt this Period FEC ID number of contributing C 103.89 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 233.75 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Montgomery, Denbo, , , Date of Receipt Mailing Address 225 Bendel Rd 80 15 2016 City State Zip Code Transaction ID: SA11AI.4203 LA 70508 Lafayette Amount of Each Receipt this Period FEC ID number of contributing 65.45 federal political committee.

Occupation (for Individual)

Physician

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

Aggregate Year-to-Date ▼

| Other (specify) ▼ | | 299.20 | |
|---|---|----------------|--|
| Full Name of Individual (Last, First, Middle Ini Montgomery, Denbo, , , Mailing Address 225 Bendel Rd | tial) or Full Orga | anization Name | Date of Receipt 09 14 2016 |
| City Lafayette FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Receipt For: Primary General Other (specify) | State LA C Occupa Physici Aggregate Ye | | Transaction ID : SA11AI.4204 Amount of Each Receipt this Period 39.91 Memo Item |
| SUBTOTAL of Receipts This Page (optional) | | | 209.25 |

| F | OR | LINE | NU | MBER | : | PAGE | • | 17 | OF | 21 |
|------------------|-----|---------|----|------|---|------|---|----|----|----|
| (0 | che | ck only | or | ie) | | | | | | |
| X 11a 11b | | | | | | 11c | | 12 | | |
| | | 13 | | 14 | | 15 | | 16 | | 17 |

| NAME OF COMMITTEE (In Full) LAFAYETTE SURGICAL HOSPITAL, LLC POLITICAL ACTION COMMITTEE Fill Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Muldowny, David, S., Malling Address 104 Parkway Dr City Lafayette Name of Employer (for Individual) Self FILL Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Muldowny, David, S., Malling Address 104 Parkway Dr City City State Physician Aggregate Year-to-Date ▼ Other (specify) ▼ State LA Zip Code Transaction ID: SA11Al.4200 Amount of Each Recept this Period Teach Recept this Period Transaction ID: SA11Al.4200 Amount of Each Recept this Period Transaction ID: SA11Al.4200 Amount of Each Recept this Period Transaction ID: SA11Al.4200 Amount of Each Recept this Period Transaction ID: SA11Al.4200 Amount of Each Recept this Period Transaction ID: SA11Al.4200 Amount of Each Recept this Period Transaction ID: SA11Al.4201 Amount of Each Recept this Period Transaction ID: SA11Al.4201 Amount of Each Recept this Period Transaction ID: SA11Al.4201 Amount of Each Recept this Period Transaction ID: SA11Al.4201 Amount of Each Recept this Period Transaction ID: SA11Al.4201 Amount of Each Recept this Period Transaction ID: SA11Al.4201 Amount of Each Recept this Period Transaction ID: SA11Al.4201 Amount of Each Recept this Period Transaction ID: SA11Al.4201 Amount of Each Recept this Period Transaction ID: SA11Al.4201 Amount of Each Recept this Period Transaction ID: SA11Al.4201 Amount of Each Recept this Period Transaction ID: SA11Al.4201 Transaction ID: SA11Al.4201 Amount of Each Recept this Period Transaction ID: SA11Al.4201 Amount of Each Recept this Period Transaction ID: SA11Al.4201 Amount of Each Recept this Period | | ny information copied from such Reports and S for commercial purposes, other than using the | | | | | | |
|--|----------------|--|-----------------|--------------------|------------------------------------|--|--|--|
| A. Muldowny, David, S., Mailing Address 104 Parkway Dr City | | ` , | PITAL, LLO | C POLITICAL ACTION | COMMITTEE | | | |
| City Lafayette FEC ID number of contributing federal political committee. Receipt Fro: Primary General Other (specify) ▼ | Α. | Muldowny, David, S, , | ial) or Full Or | ganization Name | Date of Receipt | | | |
| Lafayette LA T0508 Amount of Each Receipt this Period | | Mailing Address 104 Parkway Dr | | | | | | |
| FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Physician Receipt For: Primary General Claysyste Lafa yette Claysyste Claysy | | City | | ' | Transaction ID : SA11AI.4199 | | | |
| Name of Employer (for Individual) Self Receipt For: Primary General Cocupation (for Individual) Physician | | Lafayette | LA | 70508 | Amount of Each Receipt this Period | | | |
| Self Receipt For: | | • | С | | 189.72 | | | |
| Primary General A26.88 | | , | | | Memo Item | | | |
| B. Muldowny, David, S, , Malling Address 104 Parkway Dr City Lafayette LA 70508 FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Muldowny, David, S, , Mailing Address 104 Parkway Dr City Lafayette Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Muldowny, David, S, , Mailing Address 104 Parkway Dr City Lafayette FEC ID number of contributing federal political committee. Name of Employer (for Individual) FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ Occupation (for Individual) Physician Aggregate Year-to-Date ▼ Occupation (for Individual) Physician Aggregate Year-to-Date ▼ Substotal of Receipt This Page (optional) Substotal of Receipt This Page (optional) Aggregate Year-to-Date ▼ Substotal of Receipts This Page (optional) Substotal of Receipt This Page (optional) | | Primary General | Aggregate \ | | | | | |
| City Lafayette LA 70508 FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Receipt For: Primary General Other (specify) ▼ City Lafayette LA 70508 Aggregate Year-to-Date ▼ Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Muldowny, David, S, Mailing Address 104 Parkway Dr City Lafayette LA 70508 FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Receipt For: Primary General Occupation (for Individual) FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ Substotal Anount of Each Receipt this Period Self Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ Substotal of Receipts This Page (optional) | В. | Muldowny, David, S, , | ial) or Full Or | ganization Name | Date of Receipt | | | |
| Lafayette LA 70508 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Muldowny, David, S, , Mailing Address 104 Parkway Dr City Lafayette LA 70508 FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Primary General Occupation (for Individual) Physician Aggregate Year-to-Date ▼ Tansaction ID: Sa11Al.4201 Amount of Each Receipt this Period Date of Receipt Tansaction ID: Sa11Al.4201 Amount of Each Receipt this Period Tansaction ID: Sa11Al.4201 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Primary General Other (specify) Aggregate Year-to-Date ▼ Primary General Other (specify) Subtrotal of Receipts This Page (optional) | | · | | | | | | |
| FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Receipt For: Primary General Other (specify) ▼ CIty Lafayette LA 70508 FEC ID number of contributing federal political committee. Name of Employer (for Individual) City State LA 70508 FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AI.4201 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) Physician Receipt For: Primary General Other (specify) Substortal of Receipts This Page (optional) | | • | 1 | ' | | | | |
| Name of Employer (for Individual) Self Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Muldowny, David, S, , Mailing Address 104 Parkway Dr City Lafayette FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ Date of Receipt Transaction ID : SA11Al.4201 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ Substotal of Receipts This Page (optional) Substotal of Receipts This Page (optional) | | Lafayette | LA | 70508 | Amount of Each Receipt this Period | | | |
| Self Physician Receipt For: Primary General Aggregate Year-to-Date ▼ | | • | 119.53 | | | | | |
| Primary | | | | | Memo Item | | | |
| Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Muldowny, David, S, , Mailing Address 104 Parkway Dr City Lafayette FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ Subtotal of Receipts This Page (optional) | | Receipt For: | Aggregate \ | Year-to-Date ▼ | | | | |
| C. Muldowny, David, S, , Mailing Address 104 Parkway Dr City Lafayette FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Receipt For: Primary General Other (specify) Subtotal Aggregate Year-to-Date ▼ Subtotal of Receipts This Page (optional) | | | | 546.41 | | | | |
| Mailing Address 104 Parkway Dr City Lafayette LA State LA Zip Code Transaction ID: SA11AL4201 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Receipt For: Primary Other (specify) Subtotal of Receipts This Page (optional) Subtotal of Receipts This Page (optional) State LA Zip Code Transaction ID: SA11AL4201 Amount of Each Receipt this Period Memo Item 382.13 | С . | | ial) or Full Or | ganization Name | Date of Receipt | | | |
| Lafayette LA 70508 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ SUBTOTAL of Receipts This Page (optional). Amount of Each Receipt this Period 72.88 Memo Item Aggregate Year-to-Date ▼ 619.29 | | | | | | | | |
| Name of Employer (for Individual) Self Receipt For: Primary Other (specify) SUBTOTAL of Receipts This Page (optional). Occupation (for Individual) Physician Aggregate Year-to-Date ▼ 619.29 Memo Item Memo Item 382.13 | | • | 1 | ' | | | | |
| Self Physician Receipt For: Primary General Other (specify) SUBTOTAL of Receipts This Page (optional) | | • | С | | 72.88 | | | |
| Primary General Other (specify) SUBTOTAL of Receipts This Page (optional) | | , | Memo Item | | | | | |
| Primary General Other (specify) 619.29 SUBTOTAL of Receipts This Page (optional) 382.13 | | Receipt For: | Issaint Four | | | | | |
| SOBTOTAL of Necepts Tills Page (optional) | | | 99.59 | | | | | |
| | | | | ····· | 382.13 | | | |

| F | OR | LINE | NU | MBER | : | PAGE | 18 | OF | 21 | |
|------------------|-----|---------|----|------|---|------|--------|----|----|--|
| (0 | che | ck only | | | | | | | | |
| X 11a 11b | | | | | | 11c | 12 | | | |
| | | 13 | | 14 | | 15 | 16 | | 17 | |

| Any information copied from such Reports and or for commercial purposes, other than using the | Statements may he name and add | not be sold or used by any perress of any political committee | erson for the purpose of soliciting contributions to solicit contributions from such committee. | | | | |
|---|--------------------------------|---|---|--|--|--|--|
| NAME OF COMMITTEE (In Full) LAFAYETTE SURGICAL HOS | SPITAL, LLC | POLITICAL ACTION | COMMITTEE | | | | |
| Full Name of Individual (Last, First, Middle I Noel, Phillip, , , Mailing Address 2615 North Drive | nitial) or Full Orga | anization Name | Date of Receipt | | | | |
| | | | 09 14 2016 | | | | |
| City Abbeville | State LA | Zip Code 70510 | Transaction ID : SA11AI.4229 | | | | |
| | LA | 70310 | Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | C | | 24.37 | | | | |
| Name of Employer (for Individual) Self | Occupa Physic | ation (for Individual) ian | Memo Item | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Ye | ar-to-Date ▼ 207.12 | | | | | |
| Full Name of Individual (Last, First, Middle I Perry, Adam, , , Mailing Address 108 Rue Louis XIV | nitial) or Full Orga | anization Name | Date of Receipt | | | | |
| City | State | Zip Code | 09 14 2016 | | | | |
| Lafayette | LA | 70508 | Transaction ID : SA11AI.4181 Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | C | | 24.37 | | | | |
| Name of Employer (for Individual) Self | Occupa Physic | ation (for Individual) ian | Memo Item | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Ye | ar-to-Date ▼ 207.12 | | | | | |
| Full Name of Individual (Last, First, Middle I Sledge, John, , , | nitial) or Full Orga | anization Name | Date of Receipt | | | | |
| Mailing Address 1103 Kaliste Saloom Rd Suite 100 | | | 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | |
| City Lafayette | State LA | Zip Code 70508 | Transaction ID : SA11AI.4209 | | | | |
| FEC ID number of contributing federal political committee. | C | 1 | Amount of Each Receipt this Period 71.43 | | | | |
| Name of Employer (for Individual) Self | Occupa Physici | ation (for Individual) an | Memo Item | | | | |
| Receipt For: Primary General Other (specify) | Aggregate Ye | ar-to-Date ▼ 214.29 | | | | | |
| SUBTOTAL of Receipts This Page (optional) | | ····· | 120.17 | | | | |
| TOTAL This Period (last page this line numbe | er only) | | | | | | |

| F | OR | LINE | NU | MBER | : | PAGE | 19 | OF | 21 | |
|------------------|-----|---------|----|------|---|------|--------|----|----|--|
| (0 | che | ck only | | | | | | | | |
| X 11a 11b | | | | | | 11c | 12 | | | |
| | | 13 | | 14 | | 15 | 16 | | 17 | |

| Any information copied from such Reports and Sor for commercial purposes, other than using the | Statements may r e name and addr | not be sold or used by any personers of any political committee t | son for the purpose of soliciting contributions to solicit contributions from such committee. | | | | |
|--|-------------------------------------|---|---|--|--|--|--|
| NAME OF COMMITTEE (In Full) LAFAYETTE SURGICAL HOS | PITAL, LLC | POLITICAL ACTION | COMMITTEE | | | | |
| Full Name of Individual (Last, First, Middle In Sledge, John, , , | nitial) or Full Orga | nization Name | Date of Receipt | | | | |
| Mailing Address 1103 Kaliste Saloom Rd | | | 09 14 2016 | | | | |
| Suite 100 City | State | Zip Code | Transaction ID : SA11AI.4210 | | | | |
| Lafayette | LA | 70508 | Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | C | | 71.43 | | | | |
| Name of Employer (for Individual) Self | Occupa Physici | ation (for Individual) an | Memo Item | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Yea | ar-to-Date ▼ 285.72 | | | | | |
| Full Name of Individual (Last, First, Middle In Staires, Steve, K., , | nitial) or Full Orga | nization Name | Date of Receipt | | | | |
| Mailing Address 1103 Kaliste Saloom Rd Suite 208 | Ctoto | 7in Codo | 07 15 2016 | | | | |
| City Lafayette | State LA | Zip Code 70508 | Transaction ID: SA11AI.4237 Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | С | | 126.50 | | | | |
| Name of Employer (for Individual) Self | Occupa Physic | ation (for Individual) ian | Memo Item | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Yea | ar-to-Date ▼ 284.62 | | | | | |
| Full Name of Individual (Last, First, Middle In Staires, Steve, K., , | nitial) or Full Orga | nization Name | Date of Receipt | | | | |
| Mailing Address 1103 Kaliste Saloom Rd Suite 208 | | | 08 15 2016 | | | | |
| City Lafayette | State LA | Zip Code 70508 | Transaction ID : SA11AI.4238 Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | C | | 79.69 | | | | |
| Name of Employer (for Individual) Self | Occupa Physicia | ation (for Individual) an | Memo Item | | | | |
| Receipt For: | Aggregate Yea | ar-to-Date ▼ | | | | | |
| Primary General Other (specify) | | 364.31 | | | | | |
| SUBTOTAL of Receipts This Page (optional) | · | | 277.62 | | | | |
| TOTAL This Period (last page this line number | only) | | | | | | |

| F | OR | LINE | NU | MBER | : | PAGE | 2 | 20 | OF | 21 |
|------------------|-----|---------|----|------|---|------|---|----|----|----|
| (0 | che | ck only | | | | | | | | |
| X 11a 11b | | | | | | 11c | | 12 | | |
| | | 13 | | 14 | | 15 | | 16 | | 17 |

| | ny information copied from such Reports and S for commercial purposes, other than using the | | | | | | |
|----------------|--|--|-----------------------------------|--|--|--|--|
| | NAME OF COMMITTEE (In Full) LAFAYETTE SURGICAL HOSI | PITAL, LLO | C POLITICAL ACTION | COMMITTEE | | | |
| Α. | | itial) or Full Or | ganization Name | Date of Receipt | | | |
| | Mailing Address 1103 Kaliste Saloom Rd Suite 208 | | | 09 14 2016 | | | |
| | City | State | Zip Code | Transaction ID : SA11AI.4239 | | | |
| | Lafayette | LA | 70508 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | С | | 48.59 | | | |
| | Name of Employer (for Individual) Self | Occu Phys | pation (for Individual) ician | Memo Item | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate \ | Year-to-Date ▼ 412.90 | | | | |
| В. | Full Name of Individual (Last, First, Middle In Stubbs, Malcolm, , , | itial) or Full Or | ganization Name | Date of Receipt | | | |
| | Mailing Address 1103 Kaliste Saloom Rd Suite 100 | | | 07 15 2016 | | | |
| | City | State | Zip Code | Transaction ID : SA11AI.4221 | | | |
| | Lafayette | LA | 70508 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | 100.00 | | | | | |
| | Name of Employer (for Individual) Self | | pation (for Individual) sician | Memo Item | | | |
| | Receipt For: | Aggregate \ | Year-to-Date ▼ | | | | |
| | Primary General Other (specify) ▼ | | 300.00 | | | | |
| С . | Full Name of Individual (Last, First, Middle In Stubbs, Malcolm, , , | itial) or Full Or | ganization Name | Date of Receipt | | | |
| | Mailing Address 1103 Kaliste Saloom Rd Suite 100 | 1 - | I | 08 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |
| | City Lafayette | State LA | Zip Code 70508 | Transaction ID : SA11AI.4222 Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | | 100.00 | | | |
| | Name of Employer (for Individual) Self | of Employer (for Individual) Occupation (for Individual) Physician | | | | | |
| | Receipt For: Primary General Other (specify) | Aggregate \ | Year-to-Date ▼ 400.00 | | | | |
| H | SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number | | > | 248.59 | | | |

| FOR LINE NUMBER: (check only one) | | | | | | PAGE | 2 | 21 | OF | 21 |
|-----------------------------------|-----|---------|--|----|--|------|---|----|----|----|
| (0 | che | ck only | | | | | | | | |
| X 11a 11b | | | | | | 11c | | 12 | | |
| | | 13 | | 14 | | 15 | | 16 | 6 | 17 |

| or for commercial purposes, other than using the n | | person for the purpose of soliciting contributions be to solicit contributions from such committee. |
|--|---------------------------------------|---|
| NAME OF COMMITTEE (In Full) | | |
| LAFAYETTE SURGICAL HOSPI | I AL, LLC POLITICAL ACTION | N COMMITTEE |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name 1. Stubbs, Malcolm, , , | | Date of Receipt |
| Mailing Address 1103 Kaliste Saloom Rd | | M = M / D = D / Y = Y = Y |
| Suite 100 City State Zip Code | | 09 14 2016 |
| Lafayette | LA 70508 | Transaction ID : SA11AI.4223 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer (for Individual) Self | Occupation (for Individual) Physician | Memo Item |
| Possint For: | Aggregate Year-to-Date ▼ | _ |
| Primary General Other (specify) ▼ | 500.00 |] |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name 3. | | Date of Receipt |
| Mailing Address | | M = M / D = D / Y = Y = Y |
| City | State Zip Code | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer (for Individual) | Occupation (for Individual) | Memo Item |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | _ |
| Other (specify) ▼ | , A , A , | |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name | | Date of Receipt |
| Mailing Address | | M = M / D = D / Y = Y = Y |
| City | State Zip Code | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | , and a second second |
| Name of Employer (for Individual) | Occupation (for Individual) | Memo Item |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | | 1 |
| Other (specify) | 4 4 | 1 |
| SUBTOTAL of Receipts This Page (optional) | | 100.00 |
| TOTAL This Period (last page this line number on | ly) | 4127.44 |