Image# 15951439743					PAGE 1 / 15
FEC A	EPORT OF I ND DISBUR r Other Than An Auth	SEMENT	s	Office	e Use Only
1. NAME OF TY COMMITTEE (in full)	(PE OR PRINT ▼	Example: If typin over the lines.	ng, type	12FE4M5	
			POLITICAL		
ADDRESS (number and street)	420 W. Pinhook Road				
Check if different	Suite A				
than previously reported. (ACC)				LA 70	503
2. FEC IDENTIFICATION NUM		` ▲	S		ZIP CODE
C C00382796	3. IS RE		NEW N) OR	AMENDE (A)	ED
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	Report Due On: Mar 2	20 (M3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Aug 20 (M Sep 20 (M Oct 20 (M	9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 October 15	(c) 12-Day PRE -Election Report for the:	Primary (12F	?)	General (12G) Special (12S)	Runoff (12R)
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election	on/		Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election	General (300	ā)	Runoff (30R)	Special (30S)
Termination Report (TER)	Report for the:	on /		Y Y Y Y Y	in the State of
5. Covering Period 04	/ D D / Y Y Y 01 2015	Y through	04		2015
I certify that I have examined this	-	my knowledge and	belief it is true	e, correct and com	plete.
Type or Print Name of Treasurer	Albert Simien				
Signature of Treasurer	imien	[Electronicall	y Filed] Da	ate 05	20 / Y Y Y Y 2015
NOTE: Submission of false, erroneou	us, or incomplete information	may subject the per	son signing thi	s Report to the pen	alties of 2 U.S.C. §437g.
Office Use Only				FE	EC FORM 3X Rev. 12/2004

05/20/2015 21 : 13

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

R	Report Covering the Period: From: 04	M / D D / Y Y Y Y Y 01 2015 T	o: 04 / 0 0 / 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		21123.40
	(b) Cash on Hand at Beginning of Reporting Period	24683.70	
	(c) Total Receipts (from Line 19)	2384.12	8444.42
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	27067.82	29567.82
7.	Total Disbursements (from Line 31)	2007.14	4507.14
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25060.68	25060.68
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

X

DETAILED SUMMARY PAGE of Receipts FEC Form 3X (Rev. 06/2004) Page 3 Write or Type Committee Name LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC М D Y Y M D 04 30 2015 Report Covering the Period: 04 01 2015 From: To: COLUMN A COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 2564.00 1404.00 (i) Itemized (use Schedule A)..... 5880.42 (ii) Unitemized 980.12 (iii) TOTAL (add 8444.42 2384.12 Lines 11(a)(i) and (ii)..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 8444.42 2384.12 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 Party Committees..... 0.00 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 Political Committees..... 0.00 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3) 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 (c) Total Transfers (add 18(a) and 18(b)).. 0.00 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))...... 8444.42 2384.12 20. Total Federal Receipts 2384.12 8444.42 (subtract Line 18(c) from Line 19)►

Image# 15951439745

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	COLUMN A	Page 4 COLUMN B
II. Disbursements	Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: – (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.0
 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) 	0.00	0.0
Transfers to Affiliated/Other Party		
Committees Contributions to Federal Candidates/Committees	0.00	0.0
and Other Political Committees	2000.00	4500.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.0
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.0
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		0.00
Than Political Committees	0.00	
(b) Political Party Committees(c) Other Political Committees	0.00	0.0
(such as PACs)	0.00	0.0
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c)) ►	0.00	0.00
Other Disbursements	7.14	7.14
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
-		7 7 7 0000
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	2007.14	4507.1
L		7 7 7
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	2007.14	4507.14

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date					
 Total Contributions (other than loans) (from Line 11(d), page 3) 	2384.12	8444.42					
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00					
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2384.12	8444.42					
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	0.00	0.00					
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00					
3. 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

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

15

•••			Detailed Summary Page		< 11a		11b	11c	12	17
	y information copied from such Reports and for commercial purposes, other than using				for the		rpose o	of soliciting	g contrib	utions
	NAME OF COMMITTEE (In Full) LOUISIANA HEALTH CARE GF									
A .	Full Name (Last, First, Middle Initial) Pam Bridges Mailing Address 1625 Ormandy Drive				Date o					
					04		29		2015	Y
	City Baton Rouge	State LA	Zip Code 70808					: SA11AI		
	FEC ID number of contributing federal political committee.	С			Amoun	t of		Receipt th	3	d 0.00
	Name of Employer	Occupation	1		Payroll	Ded	uction ((\$30 Bi-W	'eekly)	
	Louisiana Health Care Group, I	Corporate -	Trainer							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00							
в.	Full Name (Last, First, Middle Initial) Chris Duhon				Date o	f Re	eceipt			
	Mailing Address 10429 Rue de Duhon				M M 04	/	29		2015	Y
	City Abbeville	State LA	Zip Code 70510	_				: SA11AI.		
	FEC ID number of contributing federal political committee.	С			Amoun	t of	Each	Receipt th		d 0.00
	Name of Employer LHC Group	Occupatior RN	1		Payroll [Ded	uction (\$30 Bi-W	eekly)	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00							
<u> </u>	Full Name (Last, First, Middle Initial) Ronda Dupree				Date o	f Re	eceipt			
	Mailing Address 130 Hwy 132				M M	/	29		2015	Y
	City Delhi	State LA	Zip Code 71232					: SA11AI Receipt th		d
	FEC ID number of contributing federal political committee.	С				Deel	,			0.00
	Name of Employer	Occupation	1		Payroll	Ded	luction	(\$30 Bi-W	еекіу)	
	LHC Group	State Oper	ation Director							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00							
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line numb								90	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)

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OF

15

•••			Detailed Summary Page		X 11a		11b	11c		12		
<u> </u>					13		14	15		16		17
	y information copied from such Reports and S for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) LOUISIANA HEALTH CARE GRC		LOYEE FEDERAL POLI	TIC	AL AC	TI	ON C	OMMI	FTE	EE IN	۱C	
<u> </u>	Full Name (Last, First, Middle Initial) Mary Gray				Date of	f Re	eceipt					
	Mailing Address 1528 Greenwick Circle				м – м 04	1	29	/ Y		015	Y	
	City	State	Zip Code		Trans	act	ion ID :	SA11AI.	163	10		
	Birmingham,	AL	35226	_	Amount	t of	Each R	eceipt th	is F	'eriod		
	FEC ID number of contributing federal political committee.	С					7			30.		
	Name of Employer	Occupation	1		Payroll E	Ded	uction (\$	30 Bi-W	eekl	у)		
	LHC Group	State Operation	ation Director									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		210.00									
В.	Full Name (Last, First, Middle Initial)				Date of	f Re	eceipt					
	Mailing Address P.O. Box 95				M M	/	07	/ Y)15	Y	
	City	State	Zip Code		Trans	act	ion ID :	SA11AI.				
	Opleousas	LA	70571		Amount	t of	Each R	eceipt th	is F	'eriod		
	FEC ID number of contributing federal political committee.	С					7		_	40.	00	
	Name of Employer Louisiana Health Care Group, I	Occupation Legal Comp			Payroll D)edı	uction (\$	40 Bi-We	ekly	/)		
	Receipt For:		Year-to-Date V									
	Primary General Other (specify) ▼		, 240.00									
с.	Full Name (Last, First, Middle Initial)				Date of	f Re	eceipt					
	Mailing Address P.O. Box 95				04	1	29	/ Y) 15	Y	
	City	State	Zip Code		Trans	act	ion ID :	SA11AI.	163	19		
	Opleousas	LA	70571		Amount	t of	Each R	eceipt th	is F	'eriod		
	FEC ID number of contributing federal political committee.	С								40.	00	
	Name of Employer	Occupation	1		Payroll L	Jed	uction (S	\$40 Bi-W	eekl	у)		
	Louisiana Health Care Group, I	Legal Com	pliance									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		, 280.00									
s	UBTOTAL of Receipts This Page (optional)			 -	<u> </u>		y	- J	-	110.0	00	1

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:

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			Detailed Summary Page	×	11a		11b	11c		r	_
Ar	ny information copied from such Reports and S	tatements ma	l ay not be sold or used by any pe	erson	13 for the	pur	14 pose of s	15 soliciting	contri	-	17 ons
	for commercial purposes, other than using the										
$\left \right\rangle$	NAME OF COMMITTEE (In Full) LOUISIANA HEALTH CARE GRC		_OYEE FEDERAL POLI	ΓΙCΑ	L AC	ті			TEE	E IN	С
											-
Α.	Full Name (Last, First, Middle Initial) Melanie Kuehn				Date o	f Re	eceipt				
	Mailing Address 4205 Persimmon Way				M M		D D	/ Y	Y	Y I Y	
	City	State	Zip Code		04		07		2015	5	
	Lake Charles	LA	70518				ion ID : S Each Re			iod	
	FEC ID number of contributing	0			linean		Laon no				0
	federal political committee.	С					7	7		50.0	0
	Name of Employer	Occupation		F	Payroll [Ded	uction (\$	50 Bi-We	eekly)		
	LHC Group	DVP									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		300.00								
			/9								
_	Full Name (Last, First, Middle Initial)										
в.	Melanie Kuehn Mailing Address 4205 Persimmon Way			-	Date o	_		(N	Y		
	Maining Address 4205 Fersimmon Way				M M	/	29	/ т	2015		
	City	State	Zip Code		Trans	acti	on ID : S	SA11AL	16327		
	Lake Charles	LA	70518	- :	Amoun	t of	Each Re	eceipt th	is Peri	iod	
	FEC ID number of contributing federal political committee.	С					,			50.0	0
	Name of Employer LHC Group	Occupation DVP			ayroll [Dedu	uction (\$5	50 Bi-We	ekly)		
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		350.00								
_	Full Name (Last, First, Middle Initial)				Data	(
C.	Amy Laing Mailing Address 238 Dogwood Springs Lane				Date o	_			Y	V	
					04		07	/ 1	2015		
	City	State	Zip Code		Trans	sact	ion ID : \$	SA11AI.	16320		
	Mena	AR	71953		Amoun	t of	Each Re	eceipt th	is Peri	iod	
	FEC ID number of contributing federal political committee.	С					· · · · · · · · ·			40.0	00
	Name of Employer	Occupation			ayroll I	Dea	uction (\$4	40 BI-VV	эекіу)		
	LHC Group	State Mark	et Developer								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		240.00								
s	UBTOTAL of Receipts This Page (optional)		•				7	- 1	1	40.0	0

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:

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			Detailed Summary Page		X 11a	11	1b	11c	12	
			Detailed Summary Page		13	14		15	16	17
	information copied from such Reports and S or commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) LOUISIANA HEALTH CARE GRC	UP EMPI	LOYEE FEDERAL POLI	TIC	AL AC	IOIT:	NC		ITEE II	NC
	^F ull Name (Last, First, Middle Initial) Amy Laing				Date o	f Rece	eipt			
N	Aailing Address 238 Dogwood Springs Lane				M M	/	· 29		2015	Y
Ċ	City	State	Zip Code		Trans	saction	ו ID ו	SA11AL	16321	
_	Mena	AR	71953		Amoun	t of Ea	ach F	Receipt th	is Period	
	EC ID number of contributing ederal political committee.	С				7			40	.00
1	Name of Employer	Occupation	1		Payroll I	Deduct	tion (\$40 Bi-We	ekly)	
	LHC Group		et Developer							
	Receipt For:		Year-to-Date ▼							
	Primary General	Aggregate		11						
	Other (specify)	L	280.00							
	Full Name (Last, First, Middle Initial)				Date o	f Rece	eipt			
N	Aailing Address 324 Deer Park Trial				04	/	07		2015	Y
C	Dity	State	Zip Code		Trans	action	D:	SA11AL		
_	Lafayette	LA	70508		Amoun	t of Ea	ach F	Receipt th	is Period	
	EC ID number of contributing ederal political committee.	С				7			190	.00
	Name of Employer HC Group	Occupation			Payroll [Deducti	ion (S	\$190 Bi-W	eekly)	
	Receipt For:	Legal Coun								
	Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)		1140.00							
	ull Name (Last, First, Middle Initial)				Date o	f Rece	eipt			
Ν	Mailing Address 324 Deer Park Trial				м м 04	/	D 29		y y 2015	Y
(City	State	Zip Code		Trans	sactior	n ID	: SA11AI.	16334	
_	Lafayette	LA	70508	_	Amoun	t of Ea	ach F	Receipt th	is Period	
	EC ID number of contributing ederal political committee.	С							190	.00
1	Name of Employer	Occupation	1	_	Payroll	Deduct	tion (\$190 Bi-V	Veekly)	
	_HC Group	Legal Coun	isel							
	Receipt For:	-	Year-to-Date ▼	-						
	Primary General Other (specify)	Aggregate	1330.00							
			7							
su	BTOTAL of Receipts This Page (optional)			•					420.	00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page	2	< 11a		11b	11c		2	<u> </u>
Ar	y information copied from such Reports and S	statements m	A not be sold or used by any pe	rson	13 for the	 DU11	14 Dose of	15 soliciting		6 ributi	17 ons
	for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) LOUISIANA HEALTH CARE GRO	OUP EMP	LOYEE FEDERAL POLI	ΓIC <i>ι</i>	AL AC	TI	ON CO	OMMI	ΓTE	E IN	IC
Α.	Full Name (Last, First, Middle Initial) Rebecca McCoy				Date of	Re	ceipt				
	Mailing Address 57 Short Side Drive				м м 04	1	29	/ Y	Y 201		Y
	City	State	Zip Code		Trans	acti	ion ID :	SA11AI.	16312	2	
	Williamstown	WV	26187	_	Amount	t of	Each R	eceipt th	is Pe	riod	
	FEC ID number of contributing federal political committee.	С						,			
	Name of Employer	Occupation	l		Payroll [Dedu	uction (\$	30 Bi-We	eekly)		
	LHC Group	State Oper	ations Mgr								
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 210.00								
В.	Full Name (Last, First, Middle Initial) Brach Myers				Date of	Re	ceipt				
	Mailing Address 201 Worth Ave.				м м 04	_	07	/ Y	201		Y
	City	State	Zip Code		Trans	acti	on ID :	SA11AI.	16322	2	
	Lafayette	LA	70508	_	Amount	t of	Each R	eceipt th	is Pe	riod	
	FEC ID number of contributing federal political committee.	С					,		_	40.0	00
	Name of Employer LHC Grooup	Occupation Vice Presid	ent of Strategic Partnershi		Payroll D	edu)	iction (\$	40 Bi-We	ekly)		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00								
с.	Full Name (Last, First, Middle Initial) Brach Myers				Date of	Re	ceipt				
	Mailing Address 201 Worth Ave.				м м 04	/	D D 29	/ Y	, 201	у 5	Y
	City	State	Zip Code		Trans	act	ion ID :	SA11AI.	1632:	3	
	Lafayette	LA	70508		Amount	t of	Each R	eceipt th	is Pe	riod	
	FEC ID number of contributing federal political committee.	С							l.l. /	40.	00
	Name of Employer	Occupation	1		Payroll L	Jea	uction (\$	640 Bi-Wo	еекіу		
	LHC Grooup	Vice Presic	lent of Strategic Partnershi								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		280.00								
s	UBTOTAL of Receipts This Page (optional)		•	I			5	- 7		110.0	00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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15

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) LOUISIANA HEALTH CARE GRO	OUP EMPI	LOYEE FEDERAL POLIT	FICAL ACTION COMMITTEE INC
Α.	Full Name (Last, First, Middle Initial) Keith Myers			Date of Receipt
	Mailing Address 211 Morning Mist			04 07 Y Y Y Y Y 04 07 2015
	City Sunset	State LA	Zip Code 70584	Transaction ID : SA11AI.16324 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer The LHC Group	Occupation President/C		 Payroll Deduction (\$40 Bi-Weekly)
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
в.	Full Name (Last, First, Middle Initial) Keith Myers			Date of Receipt
	Mailing Address 211 Morning Mist			04 29 2015
	City Sunset	State LA	Zip Code 70584	Transaction ID : SA11AI.16325 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer The LHC Group	Occupation President/C		 Payroll Deduction (\$40 Bi-Weekly)
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	
с.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 111 Shadowbrook Lane			04 07 Y Y Y Y 04 07 2015
	City Youngsville	State LA	Zip Code 70592	Transaction ID : SA11AI.16313 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.50
	Name of Employer	Occupation	1	Payroll Deduction (\$38.50 Bi-Weekly)
	LGC Group	Director of	Purchasing	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 231.00	
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			118.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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••			Detailed Summary Page	2	< 11a		11b	11	F	12	, <i>−</i>
Ar	ny information copied from such Reports and S	Statements m	l av not be sold or used by any pe	erson	13 for the	pur	14 pose d	1! of solic		16 contributi	17 ions
	for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) LOUISIANA HEALTH CARE GRO		LOYEE FEDERAL POLIT	ΓIC/	AL AC	CTI		СОМ	ИΙТ		١C
A .					Date o	f Re	eceipt				
	Mailing Address 111 Shadowbrook Lane				04	/	2		Y	2015	Y
	City	State	Zip Code			sact		。 : SA1	AI.1		
	Youngsville	LA	70592	_	Amoun	t of	Each	Receip	ot this	s Period	
	FEC ID number of contributing federal political committee.	С					,	(\$00.5		38.	50
	Name of Employer	Occupation	I		Payroll	Ded	uction	(\$38.5) BI-V	Neekly)	
	LGC Group Receipt For:	Director of	Purchasing	_							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 269.50								
в.	Full Name (Last, First, Middle Initial) Harold Taylor				Date o	f Re	eceipt				
	Mailing Address 252 Purple Dawn Drive				M M 04	/	D 0		Y	ү ү 2015	Y
	City	State LA	Zip Code					: SA1			
	Sunset	LA	70584	_	Amoun	t of	Each	Receip	it this	s Period	_
	FEC ID number of contributing federal political committee.	C				Jodi	, tion	(\$20.5)		38.9	50
	Name of Employer La. Home Care Group, Inc.	Occupation Director of I			Payroll [Jeau	CUON	(\$30.5)	/ DI-V	veekiy)	
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		231.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) Harold Taylor				Date o	f Re	eceipt				
	Mailing Address 252 Purple Dawn Drive				04	/	2		Y	y y 2015	Y
	City Sunset	State LA	Zip Code 70584					: SA1			_
		EA	70384	_	Amoun	t of	Each	Receip	it this	s Period	_
	FEC ID number of contributing federal political committee.	С			Pavroll	Ded	uction	(\$38.5	0 Bi-\	38. Weekly)	50
	Name of Employer	Occupation			i ayroll	Doa	uotion	(\$00.0	5 21 1	(Condy)	
	La. Home Care Group, Inc. Receipt For:	Director of		_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)	L	269.50								
s	UBTOTAL of Receipts This Page (optional)		•				, ,		,	115.	50
т	OTAL 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)

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15

			Detailed Summary Page		-		11b	11c	12	
Δr	y information copied from such Reports and S	Statements m	av not be sold or used by any pr	arson f	13 or the	nurr	14 0056 0	15 f soliciting	16 1 contribut	17 tions
	for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) LOUISIANA HEALTH CARE GRO		LOYEE FEDERAL POLI	TICA	L AC	тіс	ON C	OMMI		NC
A.	Full Name (Last, First, Middle Initial) Gary Thietten			[Date of	f Re	ceipt			
	Mailing Address 10611 Pine Shadow Road				м м 04	/	07		2015	Y
	City	State	Zip Code		Trans	acti	on ID :	: SA11AI.	16331	
	South Jordan	UT	84095	/	Amount	t of	Each I	Receipt th	nis Period	
	FEC ID number of contributing federal political committee.	С					,		100	.00
	Name of Employer	Occupation	1	— P	ayroll [Dedu	uction (\$100 Bi-V	Veekly)	
	LHC Group	VP of Corp	. Development							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		600.00							
В.	Full Name (Last, First, Middle Initial) Gary Thietten			[Date of	f Re	ceipt			
	Mailing Address 10611 Pine Shadow Road				м м 04	/	29		2015	Y
	City	State	Zip Code		Trans	acti	on ID :	SA11AI.	16332	
	South Jordan	UT	84095	A	Amount	t of	Each I	Receipt th	nis Period	
	FEC ID number of contributing federal political committee.	С					,		100.	00
	Name of Employer	Occupation	1	- Pa	ayroll D	Dedu	ction (\$100 Bi-W	/eekly)	
	LHC Group	VP of Corp.	. Development							
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General Other (specify) ▼		700.00							
— C.	Full Name (Last, First, Middle Initial) James Tobey				Date of	f Re	ceipt			
	Mailing Address 465 Leo Avenue				м м 04	/	D 07		2015	Y
	City	State	Zip Code		Trans	sacti	on ID	: SA11AI	16329	
	Shreveport	LA	71105	A	Amount	t of	Each I	Receipt th	nis Period	
	FEC ID number of contributing federal political committee.	С					7			.00
	Name of Employer	Occupation	1	P	ayroll [Dedu	uction ((\$50 Bi-W	eekly)	
	LHC Group	Director of	Sales and Marketing							
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General Other (specify) ▼		300.00							
s	UBTOTAL of Receipts This Page (optional)						7		250.	00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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15

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	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) LOUISIANA HEALTH CARE GRO		OYEE FEDERAL POLIT	FICAL ACTION COMMITTEE INC
Α.				Date of Receipt
	Mailing Address 465 Leo Avenue	State	Zip Code	04 29 2015 Transaction ID : SA11AI.16330
	Shreveport	LA	71105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation		Payroll Deduction (\$50 Bi-Weekly)
	LHC Group	Director of	Sales and Marketing	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial)			
В.	Mailing Address			Date of Receipt
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
<u>с</u> .	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional)		•	50.00
Т	OTAL This Period (last page this line number	only)	••••••	1404.00

SCHEDULE B (FEC Form 3X)	FOR LINE	NUMBER: PAGE 15 OF 15	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	v one) 22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the nat			
NAME OF COMMITTEE (In Full)	P EMPLOYEE FEDEF	RAL POLITI	CAL ACTION COMMITTEE INC
Full Name (Last, First, Middle Initial) A. GRASSLEY COMMITTEE INC			Date of Disbursement
Mailing Address PO BOX 1000			04 07 2015
City DES MOINES Purpose of Disbursement	State Zip Code IA 50304		Transaction ID : SB23.16336
Donation Candidate Name		011	Amount of Each Disbursement this Period
CHARLES E GRASSLEY		Category/ Type	1000.00
Office Sought: House Disburse Senate President	ment For: 2016 Primary General Other (specify) ▼		
State: IA District: 00 Full Name (Last, First, Middle Initial) • PEOPLE FOR PATTY MURRAY			Date of Disbursement
Mailing Address PO BOX 3662		04 / D D / Y Y Y Y 04 01 2015	
SEATTLE	State Zip Code WA 98124		Transaction ID : SB23.16337
Purpose of Disbursement Donation		011	Amount of Each Disbursement this Period
Candidate Name PATTY MURRAY		Category/ Type	1000.00
	ment For: 2016 Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional). TOTAL This Period (last page this line number only			2000.00