

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

ADDRESS (number and street) 420 W. Pinhook Road Suite A LAFAYETTE LA 70503 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00382796 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, 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 06 01 2008 through 06 30 2008

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

Signature of Treasurer Electronically Filed by Jimmy Gravois Date 06 20 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		2354.97
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	4502.47									
(c) Total Receipts (from Line 19) .....	1952.50	10100.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	6454.97	12454.97								
7. Total Disbursements (from Line 31) .....	4300.00	10300.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2154.97	2154.97								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	1640.50	8303.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	312.00	1797.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1952.50	10100.00
(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) .....	1952.50	10100.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	1952.50	10100.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1952.50	10100.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4300.00	10300.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4300.00	10300.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4300.00	10300.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	1952.50	10100.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1952.50	10100.00
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 / 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary Beaulieu	Date of Receipt MM / DD / YYYY 06 / 04 / 2008
	Mailing Address 134 Plantation Drive	<b>Transaction ID:</b> SA11AI.5527
	City State Zip Code New Iberia LA 70563	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$20.00 Bi-Weekly)
Name of Employer Louisiana Health Care Group, I	Occupation Director of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mary Beaulieu	Date of Receipt MM / DD / YYYY 06 / 06 / 2008
	Mailing Address 134 Plantation Drive	<b>Transaction ID:</b> SA11AI.5544
	City State Zip Code New Iberia LA 70563	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$20.00 Bi-Weekly)
Name of Employer Louisiana Health Care Group, I	Occupation Director of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary Beaulieu	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 134 Plantation Drive	<b>Transaction ID:</b> SA11AI.5559
	City State Zip Code New Iberia LA 70563	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$20.00 Bi-Weekly)
Name of Employer Louisiana Health Care Group, I	Occupation Director of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	60.00
<b>TOTAL</b> 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 / 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lessley Fontenot	Date of Receipt MM / DD / YYYY 06 / 04 / 2008
	Mailing Address 2303 sandalwood Drive	<b>Transaction ID:</b> SA11AI.5532
	City State Zip Code Lafayette LA 70570	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$25.00 Bi-Weekly)
	Name of Employer LHC Group Occupation Area Sales Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Lessley Fontenot	Date of Receipt MM / DD / YYYY 06 / 06 / 2008
	Mailing Address 2303 sandalwood Drive	<b>Transaction ID:</b> SA11AI.5548
	City State Zip Code Lafayette LA 70570	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$25.00 Bi-Weekly)
	Name of Employer LHC Group Occupation Area Sales Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Lessley Fontenot	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 2303 sandalwood Drive	<b>Transaction ID:</b> SA11AI.5565
	City State Zip Code Lafayette LA 70570	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$25.00 Bi-Weekly)
	Name of Employer LHC Group Occupation Area Sales Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<b>TOTAL</b> 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 / 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) John Indest		Date of Receipt MM / DD / YYYY 06 / 04 / 2008
	Mailing Address 235 Duperier Ave.		<b>Transaction ID:</b> SA11AI.5535
	City New Iberia	State LA	Zip Code 70563
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
	Name of Employer The LHC Group	Occupation VP/COO	Payroll Deduction (\$40.00 Bi-Weekly)

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00
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<b>B.</b>	Full Name (Last, First, Middle Initial) John Indest		Date of Receipt MM / DD / YYYY 06 / 06 / 2008
	Mailing Address 235 Duperier Ave.		<b>Transaction ID:</b> SA11AI.5551
	City New Iberia	State LA	Zip Code 70563
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
	Name of Employer The LHC Group	Occupation VP/COO	Payroll Deduction (\$40.00 Bi-Weekly)

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00
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<b>C.</b>	Full Name (Last, First, Middle Initial) John Indest		Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 235 Duperier Ave.		<b>Transaction ID:</b> SA11AI.5568
	City New Iberia	State LA	Zip Code 70563
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
	Name of Employer The LHC Group	Occupation VP/COO	Payroll Deduction (\$40.00 Bi-Weekly)

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	120.00
<b>TOTAL</b> 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 / 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard MacMillian	Date of Receipt MM / DD / YYYY 06 / 04 / 2008
	Mailing Address 324 Deer Park Trial	<b>Transaction ID:</b> SA11AI.5537
	City State Zip Code Lafayette LA 70508	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$50.00 Bi-Weekly)
	Name of Employer LHC Group Occupation Legal Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard MacMillian	Date of Receipt MM / DD / YYYY 06 / 06 / 2008
	Mailing Address 324 Deer Park Trial	<b>Transaction ID:</b> SA11AI.5553
	City State Zip Code Lafayette LA 70508	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$50.00 Bi-Weekly)
	Name of Employer LHC Group Occupation Legal Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard MacMillian	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 324 Deer Park Trial	<b>Transaction ID:</b> SA11AI.5570
	City State Zip Code Lafayette LA 70508	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$50.00 Bi-Weekly)
	Name of Employer LHC Group Occupation Legal Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<b>TOTAL</b> 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 / 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Keith Myers	Date of Receipt MM / DD / YYYY 06 / 04 / 2008
	Mailing Address 211 Morning Mist	<b>Transaction ID:</b> SA11AI.5538
	City State Zip Code Sunset LA 70584	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$40.00 Bi-Weekly)
	Name of Employer Occupation The LHC Group President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2620.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Keith Myers	Date of Receipt MM / DD / YYYY 06 / 06 / 2008
	Mailing Address 211 Morning Mist	<b>Transaction ID:</b> SA11AI.5554
	City State Zip Code Sunset LA 70584	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$40.00 Bi-Weekly)
	Name of Employer Occupation The LHC Group President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2660.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Keith Myers	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 211 Morning Mist	<b>Transaction ID:</b> SA11AI.5573
	City State Zip Code Sunset LA 70584	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$40.00 Bi-Weekly)
	Name of Employer Occupation The LHC Group President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	120.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Harold Taylor	Date of Receipt MM / DD / YYYY 06 / 04 / 2008
	Mailing Address 252 Purple Dawn Drive	<b>Transaction ID:</b> SA11AI.5542
	City State Zip Code Sunset LA 70584	Amount of Each Receipt this Period 38.50
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$38.50 Bi-Weekly)
	Name of Employer Occupation La. Home Care Group, Inc. Director of Purchasing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 616.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Harold Taylor	Date of Receipt MM / DD / YYYY 06 / 06 / 2008
	Mailing Address 252 Purple Dawn Drive	<b>Transaction ID:</b> SA11AI.5558
	City State Zip Code Sunset LA 70584	Amount of Each Receipt this Period 38.50
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$38.50 Bi-Weekly)
	Name of Employer Occupation La. Home Care Group, Inc. Director of Purchasing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 654.50	

<b>C.</b>	Full Name (Last, First, Middle Initial) Harold Taylor	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 252 Purple Dawn Drive	<b>Transaction ID:</b> SA11AI.5579
	City State Zip Code Sunset LA 70584	Amount of Each Receipt this Period 38.50
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$38.50 Bi-Weekly)
	Name of Employer Occupation La. Home Care Group, Inc. Director of Purchasing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 693.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	115.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 / 13	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial) Dan Wilford		Date of Receipt	
Mailing Address 420 West pinhook Road		M M / D D / Y Y Y Y 06 / 02 / 2008	
City Lafayette	State LA	Zip Code 70503	Transaction ID: SA11AI.5524
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00	
Name of Employer LHC Group	Occupation Board of Directors	Donation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1640.50

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

A.	Full Name (Last, First, Middle Initial) <b>CHARLES BOUSTANY JR. FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.5590
	Mailing Address 2936 Johnston St.	Date of Disbursement MM / DD / YYYY 06 / 12 / 2008
	City Lafayette State LA Zip Code 70503	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Donation Candidate Name <b>CHARLES BOUSTANY JR. FOR CONGRESS</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) <b>DAVIS FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.5591
	Mailing Address PO BOX 2008	Date of Disbursement MM / DD / YYYY 06 / 12 / 2008
	City AKRON State NY Zip Code 14001	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Donation Candidate Name <b>DAVIS FOR CONGRESS</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) <b>FRIENDS OF MARY LANDRIEU INC</b>	<b>Transaction ID:</b> SB23.5589
	Mailing Address 607 14TH STREET NW SUITE 800 SUITE 1434	Date of Disbursement MM / DD / YYYY 06 / 12 / 2008
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement Donation Candidate Name <b>FRIENDS OF MARY LANDRIEU INC</b> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4300.00

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

4300.00