

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines.

LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER ▼** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)

Election on / / in the State of

(d) 30-Day **POST-Election** Report for the: General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Albert Simien

Signature of Treasurer Albert Simien [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		21123.40
(b) Cash on Hand at Beginning of Reporting Period.....	22797.10	
(c) Total Receipts (from Line 19)	2086.03	20766.87
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	24883.13	41890.27
7. Total Disbursements (from Line 31).....	2500.00	19507.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	22383.13	22383.13
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1652.48	11819.92
(ii) Unitemized	433.55	8946.95
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2086.03	20766.87
(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)	2086.03	20766.87
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	2086.03	20766.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2086.03	20766.87

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	19500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	7.14
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2500.00	19507.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500.00	19507.14

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2086.03	20766.87
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2086.03	20766.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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

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

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

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

City Baton Rouge	State LA	Zip Code 70808
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2015

Transaction ID : SA11Al.16966

Amount of Each Receipt this Period
30.00

Payroll Deduction (\$30 Bi-weekly)

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Transaction ID : SA11Al.16967

Amount of Each Receipt this Period
30.00

Payroll Deduction (\$30 Bi-weekly)

C. Chris Duhon
Full Name (Last, First, Middle Initial)
Mailing Address 10429 Rue de Duhon

City Abbeville	State LA	Zip Code 70510
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FEC ID number of contributing federal political committee. **C**

Name of Employer LHC Group	Occupation RN
-------------------------------	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2015

Transaction ID : SA11Al.16968

Amount of Each Receipt this Period
30.00

Payroll Deduction (\$30 Bi-weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Chris Duhon
Full Name (Last, First, Middle Initial)

Mailing Address 10429 Rue de Duhon

City Abbeville	State LA	Zip Code 70510
-------------------	-------------	-------------------

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

Name of Employer LHC Group	Occupation RN
-------------------------------	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Transaction ID : SA11Al.16969

Amount of Each Receipt this Period

30.00

Payroll Deduction (\$30 Bi-weekly)

B. Ronda Dupree
Full Name (Last, First, Middle Initial)

Mailing Address 130 Hwy 132

City Delhi	State LA	Zip Code 71232
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FEC ID number of contributing federal political committee. **C**

Name of Employer LHC Group	Occupation State Operation Director
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2015

Transaction ID : SA11Al.16970

Amount of Each Receipt this Period

30.00

Payroll Deduction (\$30 Bi-weekly)

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

Mailing Address 130 Hwy 132

City Delhi	State LA	Zip Code 71232
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FEC ID number of contributing federal political committee. **C**

Name of Employer LHC Group	Occupation State Operation Director
-------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Transaction ID : SA11Al.16971

Amount of Each Receipt this Period

30.00

Payroll Deduction (\$30 Bi-weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Lessley Fontenot		Date of Receipt
Mailing Address 2303 sandalwood Drive		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City	State	Zip Code
Lafayette	LA	70570
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.16964
Name of Employer	Occupation	Amount of Each Receipt this Period
LHC Group	Area Sales Manager	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction (\$25 Bi-weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="425.00"/>	

Full Name (Last, First, Middle Initial) B. Lessley Fontenot		Date of Receipt
Mailing Address 2303 sandalwood Drive		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2015"/>
City	State	Zip Code
Lafayette	LA	70570
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.16965
Name of Employer	Occupation	Amount of Each Receipt this Period
LHC Group	Area Sales Manager	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction (\$25 Bi-weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) C. Jules Galiouras		Date of Receipt
Mailing Address 804 Woodmont Dr.		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City	State	Zip Code
Convington	LA	70433
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.16951
Name of Employer	Occupation	Amount of Each Receipt this Period
LHC Group	DVP	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction (\$20 Bi-weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="340.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="70.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 9 OF 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Jules Galiouras
 Full Name (Last, First, Middle Initial)
 Mailing Address 804 Woodmont Dr.
 City Convington State LA Zip Code 70433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation DVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 14 / 2015
Transaction ID : SA11AI.16952
 Amount of Each Receipt this Period 20.00
 Payroll Deduction (\$20 Bi-weekly)

B. Barbara Goodman
 Full Name (Last, First, Middle Initial)
 Mailing Address 420 W. Pinhook Road
 City Lafayette State LA Zip Code 70503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation Regional Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.16947
 Amount of Each Receipt this Period 15.00
 Payroll Deduction (\$15 Bi-weekly)

C. Barbara Goodman
 Full Name (Last, First, Middle Initial)
 Mailing Address 420 W. Pinhook Road
 City Lafayette State LA Zip Code 70503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation Regional Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 14 / 2015
Transaction ID : SA11AI.16948
 Amount of Each Receipt this Period 15.00
 Payroll Deduction (\$15 Bi-weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Mary Gray
Full Name (Last, First, Middle Initial)

Mailing Address 1528 Greenwich Circle

City Birmingham, State AL Zip Code 35226

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

Name of Employer LHC Group Occupation State Operation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt **09 / 02 / 2015**
Transaction ID : **SA11Al.16972**

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30 Bi-weekly)

B. Mary Gray
Full Name (Last, First, Middle Initial)

Mailing Address 1528 Greenwich Circle

City Birmingham, State AL Zip Code 35226

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

Name of Employer LHC Group Occupation State Operation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt **09 / 14 / 2015**
Transaction ID : **SA11Al.16973**

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30 Bi-weekly)

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

Mailing Address P.O. Box 95

City Opleousas, State LA Zip Code 70571

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt **09 / 02 / 2015**
Transaction ID : **SA11Al.16978**

Amount of Each Receipt this Period **40.00**

Payroll Deduction (\$40 Bi-weekly)

SUBTOTAL of Receipts This Page (optional)..... **100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Richard Hollier			Date of Receipt MM / DD / YYYY 09 / 14 / 2015 Transaction ID : SA11Al.16979
Mailing Address P.O. Box 95			Amount of Each Receipt this Period 40.00
City Opleousas	State LA	Zip Code 70571	Payroll Deduction (\$40 Bi-weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 720.00	
Name of Employer Louisiana Health Care Group, I	Occupation Legal Compliance	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Melanie Kuehn			Date of Receipt MM / DD / YYYY 09 / 02 / 2015 Transaction ID : SA11Al.16987
Mailing Address 4205 Persimmon Way			Amount of Each Receipt this Period 50.00
City Lake Charles	State LA	Zip Code 70518	Payroll Deduction (\$50 Bi-weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 850.00	
Name of Employer LHC Group	Occupation DVP	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Melanie Kuehn			Date of Receipt MM / DD / YYYY 09 / 14 / 2015 Transaction ID : SA11Al.16988
Mailing Address 4205 Persimmon Way			Amount of Each Receipt this Period 50.00
City Lake Charles	State LA	Zip Code 70518	Payroll Deduction (\$50 Bi-weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 900.00	
Name of Employer LHC Group	Occupation DVP	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Receipts This Page (optional).....▶	140.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Amy Laing
Full Name (Last, First, Middle Initial)

Mailing Address 238 Dogwood Springs Lane

City Mena State AR Zip Code 71953

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

Name of Employer LHC Group Occupation State Market Developer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.16980

Amount of Each Receipt this Period
40.00

Payroll Deduction (\$40 Bi-weekly)

B. Amy Laing
Full Name (Last, First, Middle Initial)

Mailing Address 238 Dogwood Springs Lane

City Mena State AR Zip Code 71953

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

Name of Employer LHC Group Occupation State Market Developer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2015
Transaction ID : SA11AI.16986

Amount of Each Receipt this Period
40.00

Payroll Deduction (\$40 Bi-weekly)

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

Mailing Address 5908 John Boudreaux Road,

City Abbeville State LA Zip Code 70510

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

Name of Employer LHC Group Occupation PT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.16953

Amount of Each Receipt this Period
20.00

Payroll Deduction (\$20 Bi-weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Errol Leblanc
 Full Name (Last, First, Middle Initial)
 Mailing Address 5908 John Boudreaux Road,
 City Abbeville State LA Zip Code 70510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation PT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2015
Transaction ID : SA11AI.16955
 Amount of Each Receipt this Period 200.00
 Payroll Deduction (\$20 Bi-weekly)

B. Richard MacMillian
 Full Name (Last, First, Middle Initial)
 Mailing Address 324 Deer Park Trial
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation Legal Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.16991
 Amount of Each Receipt this Period 190.00
 Payroll Deduction (\$190 Bi-weekly)

C. Richard MacMillian
 Full Name (Last, First, Middle Initial)
 Mailing Address 324 Deer Park Trial
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LHC Group Occupation Legal Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2015
Transaction ID : SA11AI.16992
 Amount of Each Receipt this Period 190.00
 Payroll Deduction (\$190 Bi-weekly)

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 14 OF 21
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Mailing Address 201 Worth Ave.

City Lafayette	State LA	Zip Code 70508
-------------------	-------------	-------------------

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

Name of Employer LHC Group	Occupation Vice President of Strategic Partnershi
-------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2015

Transaction ID : SA11AI.16982

Amount of Each Receipt this Period

40.00

Payroll Deduction (\$40 Bi-weekly)

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

Mailing Address 201 Worth Ave.

City Lafayette	State LA	Zip Code 70508
-------------------	-------------	-------------------

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

Name of Employer LHC Group	Occupation Vice President of Strategic Partnershi
-------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Transaction ID : SA11AI.16983

Amount of Each Receipt this Period

40.00

Payroll Deduction (\$40 Bi-weekly)

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

Mailing Address 211 Morning Mist

City Sunset	State LA	Zip Code 70584
----------------	-------------	-------------------

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

Name of Employer The LHC Group	Occupation President/CEO
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2015

Transaction ID : SA11AI.16984

Amount of Each Receipt this Period

40.00

Payroll Deduction (\$40 Bi-weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Keith Myers
 Full Name (Last, First, Middle Initial)
 Mailing Address 211 Morning Mist
 City State Zip Code
 Sunset LA 70584
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The LHC Group President/CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 720.00

Date of Receipt
 09 / 14 / 2015
Transaction ID : SA11AI.16985
 Amount of Each Receipt this Period
 40.00
 Payroll Deduction (\$40 Bi-weekly)

B. Ted Pappas
 Full Name (Last, First, Middle Initial)
 Mailing Address 440 Hwy 758
 City State Zip Code
 Eunice LA 70535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LHC Group PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 327.08

Date of Receipt
 09 / 02 / 2015
Transaction ID : SA11AI.16949
 Amount of Each Receipt this Period
 19.24
 Payroll Deduction (\$19.24 Bi-weekly)

C. Ted Pappas
 Full Name (Last, First, Middle Initial)
 Mailing Address 440 Hwy 758
 City State Zip Code
 Eunice LA 70535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LHC Group PT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 346.32

Date of Receipt
 09 / 14 / 2015
Transaction ID : SA11AI.16950
 Amount of Each Receipt this Period
 19.24
 Payroll Deduction (\$19.24 Bi-weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 78.48
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Melisa Rittenberry		Date of Receipt
Mailing Address 3341 Quail Run Ct		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City	State	Zip Code
Nashville	TN	37214
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11Al.16956
LHC Group	Regional Operations Directory	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="340.00"/>	<input type="text" value="20.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction (\$20 Bi-weekly)

Full Name (Last, First, Middle Initial) B. Melisa Rittenberry		Date of Receipt
Mailing Address 3341 Quail Run Ct		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2015"/>
City	State	Zip Code
Nashville	TN	37214
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11Al.16957
LHC Group	Regional Operations Directory	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>	<input type="text" value="20.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction (\$20 Bi-weekly)

Full Name (Last, First, Middle Initial) C. Albert Simien		Date of Receipt
Mailing Address 111 Shadowbrook Lane		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City	State	Zip Code
Youngsville	LA	70592
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11Al.16974
LGC Group	Director of Purchasing	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="654.50"/>	<input type="text" value="38.50"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction (\$38.50 Bi-weekly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="78.50"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 111 Shadowbrook Lane

City Youngsville State LA Zip Code 70592

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

Name of Employer LGC Group Occupation Director of Purchasing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **693.00**

Date of Receipt **09 / 14 / 2015**

Transaction ID : SA11Al.16975

Amount of Each Receipt this Period **38.50**

Payroll Deduction (\$38.50 Bi-weekly)

B. Tami Stout
Full Name (Last, First, Middle Initial)

Mailing Address 1113 Fawn Run

City Somerset State KY Zip Code 92501

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

Name of Employer LHC Group Occupation State Market Development Dir.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt **09 / 02 / 2015**

Transaction ID : SA11Al.16958

Amount of Each Receipt this Period **20.00**

Payroll Deduction (\$20 Bi-weekly)

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

Mailing Address 1113 Fawn Run

City Somerset State KY Zip Code 92501

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

Name of Employer LHC Group Occupation State Market Development Dir.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **09 / 14 / 2015**

Transaction ID : SA11Al.16959

Amount of Each Receipt this Period **20.00**

Payroll Deduction (\$20 Bi-weekly)

SUBTOTAL of Receipts This Page (optional)..... **78.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Harold Taylor		Date of Receipt MM / DD / YYYY 09 / 02 / 2015 Transaction ID : SA11AI.16976
Mailing Address 252 Purple Dawn Drive		Amount of Each Receipt this Period 38.50
City Sunset	State LA	Zip Code 70584
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$38.50 Bi-weekly)
Name of Employer La. Home Care Group, Inc.	Occupation Director of Purchasing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 654.50	

Full Name (Last, First, Middle Initial) B. Harold Taylor		Date of Receipt MM / DD / YYYY 09 / 14 / 2015 Transaction ID : SA11AI.16977
Mailing Address 252 Purple Dawn Drive		Amount of Each Receipt this Period 38.50
City Sunset	State LA	Zip Code 70584
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$38.50 Bi-weekly)
Name of Employer La. Home Care Group, Inc.	Occupation Director of Purchasing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 693.00	

Full Name (Last, First, Middle Initial) C. James Tobey		Date of Receipt MM / DD / YYYY 09 / 02 / 2015 Transaction ID : SA11AI.16989
Mailing Address 465 Leo Avenue		Amount of Each Receipt this Period 50.00
City Shreveport	State LA	Zip Code 71105
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$50 Bi-weekly)
Name of Employer LHC Group	Occupation Director of Sales and Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

SUBTOTAL of Receipts This Page (optional).....▶	127.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 465 Leo Avenue

City Shreveport State LA Zip Code 71105

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

Name of Employer LHC Group Occupation Director of Sales and Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2015

Transaction ID : SA11Al.16990

Amount of Each Receipt this Period
50.00

Payroll Deduction (\$50 Bi-weekly)

B. Cynthia Wells
Full Name (Last, First, Middle Initial)

Mailing Address 367 Adams Circle

City Crawfordsville State AR Zip Code 72327

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

Name of Employer LHC Groups Occupation Hospice Regional Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2015

Transaction ID : SA11Al.16960

Amount of Each Receipt this Period
20.00

Payroll Deduction (\$20 Bi-weekly)

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

Mailing Address 367 Adams Circle

City Crawfordsville State AR Zip Code 72327

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

Name of Employer LHC Groups Occupation Hospice Regional Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2015

Transaction ID : SA11Al.16961

Amount of Each Receipt this Period
20.00

Payroll Deduction (\$20 Bi-weekly)

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

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

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

FOR LINE NUMBER: PAGE 20 OF 21
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Christa Williams

Mailing Address 1549 Camelot Dr,

City Henderson State KY Zip Code 42420

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

Name of Employer LHC Group Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt **09 / 02 / 2015**

Transaction ID : SA11AI.16962

Amount of Each Receipt this Period **20.00**

Payroll Deduction (\$20 Bi-weekly)

Full Name (Last, First, Middle Initial)
B. Christa Williams

Mailing Address 1549 Camelot Dr,

City Henderson State KY Zip Code 42420

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

Name of Employer LHC Group Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **09 / 14 / 2015**

Transaction ID : SA11AI.16963

Amount of Each Receipt this Period **20.00**

Payroll Deduction (\$20 Bi-weekly)

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	1652.48

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

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NAME OF COMMITTEE (In Full)

LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. BILL CASSIDY FOR US SENATE

Mailing Address PO BOX 80505

City **BATON ROUGE** State **LA** Zip Code **70898**

Purpose of Disbursement
Donation

011

Candidate Name

WILLIAM CASSIDY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: **LA** District: **06**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2015

Transaction ID : **SB23.16996**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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

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

2500.00

2500.00
