

# 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  
 Check if different than previously reported. (ACC)  
LAFAYETTE LA 70503

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 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly 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 (12G)  
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 07 01 2008 through 07 31 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 08 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.

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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	7

D	D
3	1

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 .....	2154.97									
(c) Total Receipts (from Line 19) .....	975.00	11075.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	3129.97	13429.97								
7. Total Disbursements (from Line 31) .....	2028.64	12328.64								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1101.33	1101.33								
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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	7

D	D
3	1

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	492.00	8795.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	483.00	2280.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	975.00	11075.00
(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) .....	975.00	11075.00
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)) .....	975.00	11075.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	975.00	11075.00

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	2000.00	12300.00
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.....	28.64	28.64
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))..	2028.64	12328.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2028.64	12328.64

**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) .....	975.00	11075.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	975.00	11075.00
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 / 12
	<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 07 / 08 / 2008		
	Mailing Address 134 Plantation Drive			<b>Transaction ID:</b> SA11AI.5596		
	City New Iberia		State LA	Zip Code 70563		
	FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 20.00		
	Name of Employer Louisiana Health Care Group, I		Occupation Director of Nursing		Bi-Weekly Payroll Deduction (\$20.00)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00				

<b>B.</b>	Full Name (Last, First, Middle Initial) Mary Beaulieu			Date of Receipt MM / DD / YYYY 07 / 17 / 2008		
	Mailing Address 134 Plantation Drive			<b>Transaction ID:</b> SA11AI.5624		
	City New Iberia		State LA	Zip Code 70563		
	FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 20.00		
	Name of Employer Louisiana Health Care Group, I		Occupation Director of Nursing		Bi-Weekly Payroll Deduction (\$20.00)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00				

<b>C.</b>	Full Name (Last, First, Middle Initial) Lessley Fontenot			Date of Receipt MM / DD / YYYY 07 / 08 / 2008		
	Mailing Address 2303 sandalwood Drive			<b>Transaction ID:</b> SA11AI.5601		
	City Lafayette		State LA	Zip Code 70570		
	FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 25.00		
	Name of Employer LHC Group		Occupation Area Sales Manager		Bi-Weekly Payroll Deduction (\$25.00)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 475.00				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	65.00
<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 / 12
	<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 07 / 17 / 2008		
	Mailing Address 2303 sandalwood Drive		Transaction ID: SA11AI.5629		
	City Lafayette	State LA	Zip Code 70570	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Deduction (\$25.00)		
	Name of Employer LHC Group	Occupation Area Sales Manager	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Barbara Goodman		Date of Receipt MM / DD / YYYY 07 / 17 / 2008		
	Mailing Address 420 W. Pinhook Road		Transaction ID: SA11AI.5631		
	City Lafayette	State LA	Zip Code 70503	Amount of Each Receipt this Period 15.00	
	FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Deduction (\$15.00)		
	Name of Employer LHC Group	Occupation Regional Manager	Aggregate Year-to-Date 215.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) John Indest		Date of Receipt MM / DD / YYYY 07 / 08 / 2008		
	Mailing Address 235 Duperier Ave.		Transaction ID: SA11AI.5604		
	City New Iberia	State LA	Zip Code 70563	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Deduction (\$40.00)		
	Name of Employer The LHC Group	Occupation VP/COO	Aggregate Year-to-Date 760.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	80.00
<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 / 12
	<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) John Indest	Date of Receipt MM / DD / YYYY 07 / 17 / 2008
	Mailing Address 235 Duperier Ave.	<b>Transaction ID:</b> SA11AI.5632
	City State Zip Code New Iberia LA 70563	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction (\$40.00)
	Name of Employer Occupation The LHC Group VP/COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Carlene MacMilliah	Date of Receipt MM / DD / YYYY 07 / 08 / 2008
	Mailing Address 420 W. Pinhook Ave.	<b>Transaction ID:</b> SA11AI.5607
	City State Zip Code Lafayette LA 70503	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction (\$25.00)
	Name of Employer Occupation LHC Group Director of Hospice	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Carlene MacMilliah	Date of Receipt MM / DD / YYYY 07 / 17 / 2008
	Mailing Address 420 W. Pinhook Ave.	<b>Transaction ID:</b> SA11AI.5634
	City State Zip Code Lafayette LA 70503	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction (\$25.00)
	Name of Employer Occupation LHC Group Director of Hospice	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	90.00
<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 / 12
	<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
	Mailing Address 324 Deer Park Trial		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 08 / 2008
	City	State	Zip Code
	Lafayette	LA	70508
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5608
Name of Employer LHC Group		Occupation Legal Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00	<input type="text"/> 50.00
			Bi-Weekly Payroll Deduction (\$50.00)

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard MacMillian		Date of Receipt
	Mailing Address 324 Deer Park Trial		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 17 / 2008
	City	State	Zip Code
	Lafayette	LA	70508
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5635
Name of Employer LHC Group		Occupation Legal Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	<input type="text"/> 50.00
			Bi-Weekly Payroll Deduction (\$50.00)

<b>C.</b>	Full Name (Last, First, Middle Initial) Keith Myers		Date of Receipt
	Mailing Address 211 Morning Mist		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 08 / 2008
	City	State	Zip Code
	Sunset	LA	70584
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5610
Name of Employer The LHC Group		Occupation President/CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2740.00	<input type="text"/> 40.00
			Bi-Weekly Payroll Deduction (\$40.00)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 140.00
<b>TOTAL</b> 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 10 / 12
	<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
	Mailing Address 211 Morning Mist		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 17 / 2008
	City	State	Zip Code
	Sunset	LA	70584
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer The LHC Group		Occupation President/CEO	Transaction ID: SA11AI.5637
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 2780.00	<input type="text"/> 40.00
			Bi-Weekly Payroll Deduction (\$40.00)

<b>B.</b>	Full Name (Last, First, Middle Initial) Harold Taylor		Date of Receipt
	Mailing Address 252 Purple Dawn Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 08 / 2008
	City	State	Zip Code
	Sunset	LA	70584
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer La. Home Care Group, Inc.		Occupation Director of Purchasing	Transaction ID: SA11AI.5615
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 731.50	<input type="text"/> 38.50
			Bi-Weekly Payroll Deduction (\$38.50)

<b>C.</b>	Full Name (Last, First, Middle Initial) Harold Taylor		Date of Receipt
	Mailing Address 252 Purple Dawn Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 17 / 2008
	City	State	Zip Code
	Sunset	LA	70584
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer La. Home Care Group, Inc.		Occupation Director of Purchasing	Transaction ID: SA11AI.5643
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 770.00	<input type="text"/> 38.50
			Bi-Weekly Payroll Deduction (\$38.50)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 117.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 492.00

**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)

PAGE 11 / 12

<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

A.

Full Name (Last, First, Middle Initial)

CHAMBLISS FOR SENATE

Transaction ID: SB23.5653

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	0	8

Mailing Address POST OFFICE BOX 12469

City ATLANTA State GA Zip Code 30355

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
Contribution

011
Category/ Type

Candidate Name  
CHAMBLISS FOR SENATE

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: GA District: 00

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

2000.00
---------

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

2000.00
---------

**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)

PAGE 12 / 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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

A.

Full Name (Last, First, Middle Initial)

Capital One Bank

Mailing Address

City  
Lafayette

State  
LA

Zip Code  
70503

Purpose of Disbursement

Check Printing

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.5651

Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

28.64

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

28.64

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

28.64