

# 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="2014"/>	<input type="text" value=""/>	<input type="text" value="1061.18"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="24956.64"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="2915.86"/>	<input type="text" value="34561.32"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="27872.50"/>	<input type="text" value="35622.50"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2000.00"/>	<input type="text" value="9750.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="25872.50"/>	<input type="text" value="25872.50"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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:  /  /  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).....	2763.36	22830.05
(ii) Unitemized .....	152.50	11731.27
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2915.86	34561.32
(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) .....	2915.86	34561.32
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))..... ▶	2915.86	34561.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2915.86	34561.32

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

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.....	2000.00	9750.00
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	0.00
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)) ..	2000.00	9750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	9750.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	2915.86	34561.32
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2915.86	34561.32
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 37
	<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**

Full Name (Last, First, Middle Initial) <b>A. Jeffrey Barr</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 03 / 2014 <b>Transaction ID : SA11AI.15330</b>
Mailing Address 12370 Beragio Place		Amount of Each Receipt this Period 80.00
City Alpharetta	State GA	Zip Code 30004
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction (\$20 Bi-Weekly)
Name of Employer LHC Group	Occupation Regional Market Development Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) <b>B. Pam Bridges</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 03 / 2014 <b>Transaction ID : SA11AI.15368</b>
Mailing Address 1625 Ormandy Drive		Amount of Each Receipt this Period 30.00
City Baton Rouge	State LA	Zip Code 70808
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction (\$30 Bi-Weekly)
Name of Employer Louisiana Health Care Group, I	Occupation Corporate Trainer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	

Full Name (Last, First, Middle Initial) <b>C. Pam Bridges</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2014 <b>Transaction ID : SA11AI.15369</b>
Mailing Address 1625 Ormandy Drive		Amount of Each Receipt this Period 30.00
City Baton Rouge	State LA	Zip Code 70808
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction (\$30 Bi-Weekly)
Name of Employer Louisiana Health Care Group, I	Occupation Corporate Trainer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

<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 7 OF 37
	<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. Carolyn Clark**  
Full Name (Last, First, Middle Initial)

Mailing Address 220 Greenhaven Dr,  
City Lafayette, State LA Zip Code 70508

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 ▼ **202.02**

Date of Receipt **10 / 03 / 2014**  
Transaction ID : **SA11AI.15400**

Amount of Each Receipt this Period **9.62**  
Payroll Deduction (\$9.62 Bi-Weekly)

**B. Carolyn Clark**  
Full Name (Last, First, Middle Initial)

Mailing Address 220 Greenhaven Dr,  
City Lafayette, State LA Zip Code 70508

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 ▼ **211.64**

Date of Receipt **10 / 13 / 2014**  
Transaction ID : **SA11AI.15401**

Amount of Each Receipt this Period **9.62**  
Payroll Deduction (\$9.62 Bi-Weekly)

**C. Jamie Cole**  
Full Name (Last, First, Middle Initial)

Mailing Address HC 71 box 65,  
City Asbury State WV Zip Code 24916

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

Name of Employer LHC Group Occupation Office Assistant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 03 / 2014**  
Transaction ID : **SA11AI.15424**

Amount of Each Receipt this Period **10.00**  
Payroll Deduction (\$10 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **29.24**

**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 37
	<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) <b>A. Jamie Cole</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 13 / 2014 <b>Transaction ID : SA11AI.15425</b>
Mailing Address HC 71 box 65,		Amount of Each Receipt this Period 9.00
City Asbury	State WV	Zip Code 24916
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$10 Bi-Weekly)	
Name of Employer LHC Group	Occupation Office Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Candance Comeaux</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 03 / 2014 <b>Transaction ID : SA11AI.15402</b>
Mailing Address 2209 Belle Ruelle,		Amount of Each Receipt this Period 9.62
City New Iberia	State LA	Zip Code 70563
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$9.62 Bi-Weekly)	
Name of Employer LHC Group	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 202.02	

Full Name (Last, First, Middle Initial) <b>C. Candance Comeaux</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 13 / 2014 <b>Transaction ID : SA11AI.15403</b>
Mailing Address 2209 Belle Ruelle,		Amount of Each Receipt this Period 9.62
City New Iberia	State LA	Zip Code 70563
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$9.62 Bi-Weekly)	
Name of Employer LHC Group	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.64	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	29.24
<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 OF 37
	<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) <b>A. Eric Cruickshank</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 03 / 2014 <b>Transaction ID : SA11AI.15404</b>
Mailing Address 2206 Lacache,  City Lake Charles State LA Zip Code 70610		Amount of Each Receipt this Period 9.62 Payroll Deduction (\$9.62 Bi-Weekly)
FEC ID number of contributing federal political committee. C	Name of Employer LHC Group Occupation OT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 202.02	

Full Name (Last, First, Middle Initial) <b>B. Eric Cruickshank</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2014 <b>Transaction ID : SA11AI.15405</b>
Mailing Address 2206 Lacache,  City Lake Charles State LA Zip Code 70610		Amount of Each Receipt this Period 9.62 Payroll Deduction (\$9.62 Bi-Weekly)
FEC ID number of contributing federal political committee. C	Name of Employer LHC Group Occupation OT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.64	

Full Name (Last, First, Middle Initial) <b>C. Adrienne Davis</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 03 / 2014 <b>Transaction ID : SA11AI.15406</b>
Mailing Address 8 Worthington Lane,  City Parkersburg State WV Zip Code 26104		Amount of Each Receipt this Period 9.62 Payroll Deduction (\$9.62 Bi-Weekly)
FEC ID number of contributing federal political committee. C	Name of Employer LHC Group Occupation DON	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 202.02	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	28.86
<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 OF 37
	<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. Adrienne Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 Worthington Lane,

City Parkersburg      State WV      Zip Code 26104

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

Name of Employer LHC Group      Occupation DON

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.64**

Date of Receipt **10 / 13 / 2014**

**Transaction ID : SA11AI.15407**

Amount of Each Receipt this Period **9.62**

Payroll Deduction (\$9.62 Bi-Weekly)

**B. Anna DeLee**  
Full Name (Last, First, Middle Initial)

Mailing Address 17336 Hwy 432

City Clinton      State LA      Zip Code 70722

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

Name of Employer LHC Group      Occupation Director of Nursing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 03 / 2014**

**Transaction ID : SA11AI.15426**

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10 Bi-Weekly)

**C. Anna DeLee**  
Full Name (Last, First, Middle Initial)

Mailing Address 17336 Hwy 432

City Clinton      State LA      Zip Code 70722

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

Name of Employer LHC Group      Occupation Director of Nursing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **10 / 13 / 2014**

**Transaction ID : SA11AI.15427**

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>29.62</b>
<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 OF 37
	<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 ▼ **630.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2014  
**Transaction ID : SA11AI.15370**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction (\$30 Bi-Weekly)

**B. 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 ▼ **660.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2014  
**Transaction ID : SA11AI.15371**

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

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 ▼ **630.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2014  
**Transaction ID : SA11AI.15372**

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 12 OF 37
	<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) <b>A. Ronda Dupree</b>		Date of Receipt
Mailing Address 130 Hwy 132		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City	State	Zip Code
Delhi	LA	71232
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : SA11AI.15373</b>
LHC Group	State Operation Director	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="660.00"/>	<input type="text" value="30.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction (\$30 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Carlin Elrod</b>		Date of Receipt
Mailing Address 252 Fariview STreet		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City	State	Zip Code
Humboldt	TN	38343
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : SA11AI.15408</b>
LHC Group	Physical Therapist	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="202.02"/>	<input type="text" value="9.62"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction (\$9.62 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Carlin Elrod</b>		Date of Receipt
Mailing Address 252 Fariview STreet		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City	State	Zip Code
Humboldt	TN	38343
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : SA11AI.15409</b>
LHC Group	Physical Therapist	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="211.64"/>	<input type="text" value="9.62"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction (\$9.62 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="49.24"/>
<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 13 OF 37
	<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. Gloria Eschete**

Mailing Address 341 Sugar Plum St.

City Houma, State LA Zip Code 70364

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 ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2014  
**Transaction ID : SA11AI.15428**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Gloria Eschete**

Mailing Address 341 Sugar Plum St.

City Houma, State LA Zip Code 70364

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 ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2014  
**Transaction ID : SA11AI.15429**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Lessley Fontenot**

Mailing Address 2303 sandalwood Drive

City Lafayette State LA Zip Code 70570

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

Name of Employer LHC Group Occupation Area Sales Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2014  
**Transaction ID : SA11AI.15384**

Amount of Each Receipt this Period  
**25.00**

Payroll Deduction (\$25 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **45.00**

**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 14 OF 37
	<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. Lessley Fontenot**  
Full Name (Last, First, Middle Initial)

Mailing Address 2303 sandalwood Drive

City Lafayette State LA Zip Code 70570

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

Name of Employer LHC Group Occupation Area Sales Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt **10 / 13 / 2014**

**Transaction ID : SA11AI.15385**

Amount of Each Receipt this Period **25.00**

Payroll Deduction (\$25 Bi-Weekly)

**B. 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 ▼ **220.00**

Date of Receipt **10 / 03 / 2014**

**Transaction ID : SA11AI.15430**

Amount of Each Receipt this Period **20.00**

Payroll Deduction (\$20 Bi-Weekly)

**C. 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 ▼ **240.00**

Date of Receipt **10 / 13 / 2014**

**Transaction ID : SA11AI.15431**

Amount of Each Receipt this Period **20.00**

Payroll Deduction (\$20 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **65.00**

**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 37
	<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. 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 ▼ **315.00**

Date of Receipt **10 / 03 / 2014**

**Transaction ID : SA11AI.15388**

Amount of Each Receipt this Period **15.00**

Payroll Deduction (\$15 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 ▼ **330.00**

Date of Receipt **10 / 13 / 2014**

**Transaction ID : SA11AI.15389**

Amount of Each Receipt this Period **15.00**

Payroll Deduction (\$15 Bi-Weekly)

**C. 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 ▼ **630.00**

Date of Receipt **10 / 03 / 2014**

**Transaction ID : SA11AI.15374**

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **60.00**

**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 16 OF 37
	<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. Mary Gray**

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 ▼ **660.00**

Date of Receipt **10 / 13 / 2014**

**Transaction ID : SA11Al.15375**

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Christopher Hardy**

Mailing Address 161 Rue Katherine,

City Opelousas State LA Zip Code 70570

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

Name of Employer LHC Group Occupation OT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **202.02**

Date of Receipt **10 / 03 / 2014**

**Transaction ID : SA11Al.15410**

Amount of Each Receipt this Period **9.62**

Payroll Deduction (\$9.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**c. Christopher Hardy**

Mailing Address 161 Rue Katherine,

City Opelousas State LA Zip Code 70570

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

Name of Employer LHC Group Occupation OT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.64**

Date of Receipt **10 / 13 / 2014**

**Transaction ID : SA11Al.15411**

Amount of Each Receipt this Period **9.62**

Payroll Deduction (\$9.62 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **49.24**

**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 17 OF 37
	<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"/>	<input type="checkbox"/> 17

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

**A. 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 ▼ **840.00**

Date of Receipt **10 / 03 / 2014**

**Transaction ID : SA11AI.15448**

Amount of Each Receipt this Period **40.00**

Payroll Deduction (\$40 Bi-Weekly)

**B. 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 ▼ **880.00**

Date of Receipt **10 / 13 / 2014**

**Transaction ID : SA11AI.15449**

Amount of Each Receipt this Period **40.00**

Payroll Deduction (\$40 Bi-Weekly)

**C. Pamela Hooks**  
Full Name (Last, First, Middle Initial)

Mailing Address 369 Sir Thomas Henry

City Opelousas State LA Zip Code 70570

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 ▼ **202.02**

Date of Receipt **10 / 03 / 2014**

**Transaction ID : SA11AI.15412**

Amount of Each Receipt this Period **9.62**

Payroll Deduction (\$9.62 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **89.62**

**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 37
	<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. Pamela Hooks**  
Full Name (Last, First, Middle Initial)  
Mailing Address 369 Sir Thomas Henry  
City Opelousas State LA Zip Code 70570  
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 **211.64**

Date of Receipt **10 / 13 / 2014**  
**Transaction ID : SA11AI.15413**  
Amount of Each Receipt this Period **9.62**  
Payroll Deduction (\$9.62 Bi-Weekly)

**B. Kathleen Keirle**  
Full Name (Last, First, Middle Initial)  
Mailing Address 907 Cindy Lane,  
City Westminister State MD Zip Code 21157  
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 **202.02**

Date of Receipt **10 / 03 / 2014**  
**Transaction ID : SA11AI.15414**  
Amount of Each Receipt this Period **9.62**  
Payroll Deduction (\$9.62 Bi-Weekly)

**C. Kathleen Keirle**  
Full Name (Last, First, Middle Initial)  
Mailing Address 907 Cindy Lane,  
City Westminister State MD Zip Code 21157  
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 **211.64**

Date of Receipt **10 / 13 / 2014**  
**Transaction ID : SA11AI.15415**  
Amount of Each Receipt this Period **9.62**  
Payroll Deduction (\$9.62 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>28.86</b>
<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 19 OF 37
	<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) <b>A. Jeffrey Kreger</b>		Date of Receipt 10 / 03 / 2014 <b>Transaction ID : SA11AI.15450</b>
Mailing Address 100 Creek Bnd		Amount of Each Receipt this Period 200.00
City Lafayette	State LA	Zip Code 70508
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$200 Bi-Weekly)	
Name of Employer LHC Group	Occupation Sr. VP of Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4200.00	

Full Name (Last, First, Middle Initial) <b>B. Jeffrey Kreger</b>		Date of Receipt 10 / 13 / 2014 <b>Transaction ID : SA11AI.15451</b>
Mailing Address 100 Creek Bnd		Amount of Each Receipt this Period 200.00
City Lafayette	State LA	Zip Code 70508
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$200 Bi-Weekly)	
Name of Employer LHC Group	Occupation Sr. VP of Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.00	

Full Name (Last, First, Middle Initial) <b>C. Melanie Kuehn</b>		Date of Receipt 10 / 03 / 2014 <b>Transaction ID : SA11AI.15392</b>
Mailing Address 4205 Persimmon Way		Amount of Each Receipt this Period 50.00
City Lake Charles	State LA	Zip Code 70518
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$50 Bi-Weekly)	
Name of Employer LHC Group	Occupation DVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<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 20 OF 37
	<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) <b>A. Melanie Kuehn</b>		Date of Receipt 10 / 13 / 2014 <b>Transaction ID : SA11AI.15393</b>
Mailing Address 4205 Persimmon Way		Amount of Each Receipt this Period 50.00
City Lake Charles	State LA	Zip Code 70518
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$50 Bi-Weekly)
Name of Employer LHC Group	Occupation DVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) <b>B. Amy Laing</b>		Date of Receipt 10 / 03 / 2014 <b>Transaction ID : SA11AI.15452</b>
Mailing Address 238 Dogwood Springs Lane		Amount of Each Receipt this Period 40.00
City Mena	State AR	Zip Code 71953
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$40 Bi-Weekly)
Name of Employer LHC Group	Occupation State Market Developer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

Full Name (Last, First, Middle Initial) <b>C. Amy Laing</b>		Date of Receipt 10 / 13 / 2014 <b>Transaction ID : SA11AI.15453</b>
Mailing Address 238 Dogwood Springs Lane		Amount of Each Receipt this Period 40.00
City Mena	State AR	Zip Code 71953
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$40 Bi-Weekly)
Name of Employer LHC Group	Occupation State Market Developer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<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 21 OF 37
	<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) <b>A. Ryan Latiolais</b>		Date of Receipt MM / DD / YYYY 10 / 03 / 2014 <b>Transaction ID : SA11AI.15454</b>
Mailing Address 1215 Gendarme Rd		Amount of Each Receipt this Period 20.00
City Carencro	State LA	Zip Code 70520
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$20 Bi-Weekly)	
Name of Employer LHC Group	Occupation Director of Technology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) <b>B. Ryan Latiolais</b>		Date of Receipt MM / DD / YYYY 10 / 13 / 2014 <b>Transaction ID : SA11AI.15455</b>
Mailing Address 1215 Gendarme Rd		Amount of Each Receipt this Period 20.00
City Carencro	State LA	Zip Code 70520
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$20 Bi-Weekly)	
Name of Employer LHC Group	Occupation Director of Technology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>C. Errol Leblanc</b>		Date of Receipt MM / DD / YYYY 10 / 03 / 2014 <b>Transaction ID : SA11AI.15456</b>
Mailing Address 5908 John Boudreaux Road,		Amount of Each Receipt this Period 20.00
City Abbeville	State LA	Zip Code 70510
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$20 Bi-Weekly)	
Name of Employer LHC Group	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

<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 22 OF 37
	<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. 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 ▼ **440.00**

Date of Receipt **10 / 13 / 2014**  
**Transaction ID : SA11Al.15457**

Amount of Each Receipt this Period **20.00**

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 ▼ **3800.00**

Date of Receipt **10 / 03 / 2014**  
**Transaction ID : SA11Al.15432**

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 ▼ **3990.00**

Date of Receipt **10 / 13 / 2014**  
**Transaction ID : SA11Al.15433**

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: (check only one)	PAGE 23 OF 37
	<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. Spencer Marks**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5467 Highway 182

City Opelousas	State LA	Zip Code 70570
-------------------	-------------	-------------------

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

Name of Employer LHC Group	Occupation Telecom Manager
-------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2014

**Transaction ID : SA11Al.15434**

Amount of Each Receipt this Period  

50.00	50.00	10.00
-------	-------	-------

Payroll Deduction (\$10 Bi-Weekly)

**B. Spencer Marks**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5467 Highway 182

City Opelousas	State LA	Zip Code 70570
-------------------	-------------	-------------------

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

Name of Employer LHC Group	Occupation Telecom Manager
-------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2014

**Transaction ID : SA11Al.15435**

Amount of Each Receipt this Period  

50.00	50.00	10.00
-------	-------	-------

Payroll Deduction (\$10 Bi-Weekly)

**C. Rebecca McCoy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 57 Short Side Drive

City Williamstown	State WV	Zip Code 26187
----------------------	-------------	-------------------

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

Name of Employer LHC Group	Occupation State Operations Mgr
-------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2014

**Transaction ID : SA11Al.15376**

Amount of Each Receipt this Period  

50.00	50.00	30.00
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Payroll Deduction (\$30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>50.00</b>
<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 24 OF 37
	<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. Rebecca McCoy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 57 Short Side Drive

City Williamstown	State WV	Zip Code 26187
----------------------	-------------	-------------------

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

Name of Employer LHC Group	Occupation State Operations Mgr
-------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2014

**Transaction ID : SA11Al.15377**

Amount of Each Receipt this Period  

500.00	100.00	50.00
--------	--------	-------

**30.00**

Payroll Deduction (\$30 Bi-Weekly)

**B. Paul Mcdonald**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6120 Lindholm Dr,

City Mobile	State AL	Zip Code 36693
----------------	-------------	-------------------

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

Name of Employer LHC Group	Occupation PTA
-------------------------------	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2014

**Transaction ID : SA11Al.15436**

Amount of Each Receipt this Period  

500.00	100.00	50.00
--------	--------	-------

**10.00**

Payroll Deduction (\$10 Bi-Weekly)

**C. Paul Mcdonald**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6120 Lindholm Dr,

City Mobile	State AL	Zip Code 36693
----------------	-------------	-------------------

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

Name of Employer LHC Group	Occupation PTA
-------------------------------	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2014

**Transaction ID : SA11Al.15437**

Amount of Each Receipt this Period  

500.00	100.00	50.00
--------	--------	-------

**10.00**

Payroll Deduction (\$10 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>50.00</b>
<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 25 OF 37
	<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. Brach Myers**  
Full Name (Last, First, Middle Initial)  
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 **840.00**

Date of Receipt **10 / 03 / 2014**  
**Transaction ID : SA11AI.15458**  
Amount of Each Receipt this Period **40.00**  
Payroll Deduction (\$40 Bi-Weekly)

**B. Brach Myers**  
Full Name (Last, First, Middle Initial)  
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 **880.00**

Date of Receipt **10 / 13 / 2014**  
**Transaction ID : SA11AI.15459**  
Amount of Each Receipt this Period **40.00**  
Payroll Deduction (\$40 Bi-Weekly)

**C. Keith Myers**  
Full Name (Last, First, Middle Initial)  
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 **840.00**

Date of Receipt **10 / 03 / 2014**  
**Transaction ID : SA11AI.15460**  
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 27 OF 37
	<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. Linda Parlow**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 15,

City Alamo State TN Zip Code 38001

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 ▼ **202.02**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2014  
**Transaction ID : SA11Al.15416**

Amount of Each Receipt this Period  
**9.62**

Payroll Deduction (\$9.62 Bi-Weekly)

**B. Linda Parlow**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 15,

City Alamo State TN Zip Code 38001

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 ▼ **211.64**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2014  
**Transaction ID : SA11Al.15417**

Amount of Each Receipt this Period  
**9.62**

Payroll Deduction (\$9.62 Bi-Weekly)

**C. Katie Reiman**  
Full Name (Last, First, Middle Initial)

Mailing Address 815 Pecan Drive,

City St Gabriel State LA Zip Code 70776

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

Name of Employer LHC Group Occupation Speech Pathology

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **202.02**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2014  
**Transaction ID : SA11Al.15418**

Amount of Each Receipt this Period  
**9.62**

Payroll Deduction (\$9.62 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>28.86</b>
<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 28 OF 37
	<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. Katie Reiman**  
Full Name (Last, First, Middle Initial)

Mailing Address 815 Pecan Drive,

City St Gabriel State LA Zip Code 70776

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

Name of Employer LHC Group Occupation Speech Pathology

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.64**

Date of Receipt **10 / 13 / 2014**

**Transaction ID : SA11AI.15419**

Amount of Each Receipt this Period **9.62**

Payroll Deduction (\$9.62 Bi-Weekly)

**B. Melisa Rittenberry**  
Full Name (Last, First, Middle Initial)

Mailing Address 3341 Quail Run Ct

City Nashville State TN Zip Code 37214

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

Name of Employer LHC Group Occupation Regional Operations Directory

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **10 / 03 / 2014**

**Transaction ID : SA11AI.15462**

Amount of Each Receipt this Period **20.00**

Payroll Deduction (\$20 Bi-Weekly)

**C. Melisa Rittenberry**  
Full Name (Last, First, Middle Initial)

Mailing Address 3341 Quail Run Ct

City Nashville State TN Zip Code 37214

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

Name of Employer LHC Group Occupation Regional Operations Directory

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt **10 / 13 / 2014**

**Transaction ID : SA11AI.15463**

Amount of Each Receipt this Period **20.00**

Payroll Deduction (\$20 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>49.62</b>
<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 29 OF 37
	<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. William Sanford**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5502 Coteau Road  
City New Iberia State LA Zip Code 70560  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LHC Group Occupation CIO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 03 / 2014  
**Transaction ID : SA11AI.15440**  
Amount of Each Receipt this Period 100.00  
Payroll Deduction (\$10 Bi-Weekly)

**B. William Sanford**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5502 Coteau Road  
City New Iberia State LA Zip Code 70560  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LHC Group Occupation CIO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 13 / 2014  
**Transaction ID : SA11AI.15441**  
Amount of Each Receipt this Period 100.00  
Payroll Deduction (\$10 Bi-Weekly)

**C. 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 ▼ 808.50

Date of Receipt 10 / 03 / 2014  
**Transaction ID : SA11AI.15378**  
Amount of Each Receipt this Period 38.50  
Payroll Deduction (\$38.50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 58.50  
**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: PAGE 30 OF 37  
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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. Albert Simien**

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 ▼ **847.00**

Date of Receipt **10 / 13 / 2014**

**Transaction ID : SA11AI.15379**

Amount of Each Receipt this Period **38.50**

Payroll Deduction (\$38.50 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Ann Spade**

Mailing Address 3994 Lost Pavement Road

City Parkersburg State WV Zip Code 26101

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

Name of Employer LHC Group Occupation DON

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 03 / 2014**

**Transaction ID : SA11AI.15442**

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Ann Spade**

Mailing Address 3994 Lost Pavement Road

City Parkersburg State WV Zip Code 26101

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

Name of Employer LHC Group Occupation DON

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **10 / 13 / 2014**

**Transaction ID : SA11AI.15443**

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **58.50**

**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: PAGE 31 OF 37  
(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. Anita Stagg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 713 Winding Willows  
 City State Zip Code  
 Bossier City LA 71111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LHC Group DVP  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2014  
**Transaction ID : SA11AI.15444**  
 Amount of Each Receipt this Period  
 10.00  
 Payroll Deduction (\$10 Bi-Weekly)

**B. Anita Stagg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 713 Winding Willows  
 City State Zip Code  
 Bossier City LA 71111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LHC Group DVP  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2014  
**Transaction ID : SA11AI.15445**  
 Amount of Each Receipt this Period  
 10.00  
 Payroll Deduction (\$10 Bi-Weekly)

**C. Tami Stout**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1113 Fawn Run  
 City State Zip Code  
 Somerset, KY 92501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LHC Group State Market Development Dir.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2014  
**Transaction ID : SA11AI.15464**  
 Amount of Each Receipt this Period  
 20.00  
 Payroll Deduction (\$20 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40.00  
**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 32 OF 37
	<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. 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 ▼ **440.00**

Date of Receipt **10 / 13 / 2014**

**Transaction ID : SA11AI.15465**

Amount of Each Receipt this Period **20.00**

Payroll Deduction (\$20 Bi-Weekly)

**B. Harold Taylor**  
Full Name (Last, First, Middle Initial)

Mailing Address 252 Purple Dawn Drive

City Sunset, State LA Zip Code 70584

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

Name of Employer La. Home Care Group, Inc. Occupation Director of Purchasing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **808.50**

Date of Receipt **10 / 03 / 2014**

**Transaction ID : SA11AI.15380**

Amount of Each Receipt this Period **38.50**

Payroll Deduction (\$38.50 Bi-Weekly)

**C. Harold Taylor**  
Full Name (Last, First, Middle Initial)

Mailing Address 252 Purple Dawn Drive

City Sunset, State LA Zip Code 70584

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

Name of Employer La. Home Care Group, Inc. Occupation Director of Purchasing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **847.00**

Date of Receipt **10 / 13 / 2014**

**Transaction ID : SA11AI.15381**

Amount of Each Receipt this Period **38.50**

Payroll Deduction (\$38.50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **97.00**

**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 33 OF 37
	<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. Gary Thietten**  
Full Name (Last, First, Middle Initial)

Mailing Address 10611 Pine Shadow Road

City South Jordan State UT Zip Code 84095

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

Name of Employer LHC Group Occupation VP of Corp. Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2100.00**

Date of Receipt **10 / 03 / 2014**

**Transaction ID : SA11AI.15446**

Amount of Each Receipt this Period **100.00**

Payroll Deduction (\$100 Bi-Weekly)

**B. Gary Thietten**  
Full Name (Last, First, Middle Initial)

Mailing Address 10611 Pine Shadow Road

City South Jordan State UT Zip Code 84095

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

Name of Employer LHC Group Occupation VP of Corp. Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2200.00**

Date of Receipt **10 / 13 / 2014**

**Transaction ID : SA11AI.15447**

Amount of Each Receipt this Period **100.00**

Payroll Deduction (\$100 Bi-Weekly)

**C. 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 ▼ **1050.00**

Date of Receipt **10 / 03 / 2014**

**Transaction ID : SA11AI.15398**

Amount of Each Receipt this Period **50.00**

Payroll Deduction (\$50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 37
	<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 ▼ **1100.00**

Date of Receipt **10 / 13 / 2014**

**Transaction ID : SA11AI.15399**

Amount of Each Receipt this Period **50.00**

Payroll Deduction (\$50 Bi-Weekly)

**B. Jackie Weeks**  
Full Name (Last, First, Middle Initial)

Mailing Address 4507 Briarwood Terrace,

City Marshall State TX Zip Code 75672

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 ▼ **202.02**

Date of Receipt **10 / 03 / 2014**

**Transaction ID : SA11AI.15420**

Amount of Each Receipt this Period **9.62**

Payroll Deduction (\$9.62 Bi-Weekly)

**C. Jackie Weeks**  
Full Name (Last, First, Middle Initial)

Mailing Address 4507 Briarwood Terrace,

City Marshall State TX Zip Code 75672

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 ▼ **211.64**

Date of Receipt **10 / 13 / 2014**

**Transaction ID : SA11AI.15421**

Amount of Each Receipt this Period **9.62**

Payroll Deduction (\$9.62 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **69.24**

**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 35 OF 37
	<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. 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 ▼ **420.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2014

**Transaction ID : SA11Al.15466**

Amount of Each Receipt this Period  

20.00
-------

Payroll Deduction (\$20 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 ▼ **440.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2014

**Transaction ID : SA11Al.15467**

Amount of Each Receipt this Period  

20.00
-------

Payroll Deduction (\$20 Bi-Weekly)

**C. Christa Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1549 Camelot Dr,

City Henderson	State KY	Zip Code 42420
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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 ▼ **420.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2014

**Transaction ID : SA11Al.15468**

Amount of Each Receipt this Period  

20.00
-------

Payroll Deduction (\$20 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>60.00</b>
<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 36 OF 37
	<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. Christa Williams**  
Full Name (Last, First, Middle Initial)

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 ▼ **440.00**

Date of Receipt **10 / 13 / 2014**  
**Transaction ID : SA11AI.15469**

Amount of Each Receipt this Period **20.00**

Payroll Deduction (\$20 Bi-Weekly)

**B. Cheryl Wyatt**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 279  
City Del Rio State TN Zip Code 37727

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

Name of Employer LHC Group Occupation RN BM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **202.02**

Date of Receipt **10 / 03 / 2014**  
**Transaction ID : SA11AI.15422**

Amount of Each Receipt this Period **9.62**

Payroll Deduction (\$9.62 Bi-Weekly)

**c. Cheryl Wyatt**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 279  
City Del Rio State TN Zip Code 37727

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

Name of Employer LHC Group Occupation RN BM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.64**

Date of Receipt **10 / 13 / 2014**  
**Transaction ID : SA11AI.15423**

Amount of Each Receipt this Period **9.62**

Payroll Deduction (\$9.62 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>39.24</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>2763.36</b>

**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. PORTMAN FOR SENATE COMMITTEE**

Mailing Address 9856 ARCHER LANE

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement  
Donation

011

Candidate Name

**ROB PORTMAN**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 13 / 2014

Transaction ID : **SB23.15473**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. WYDEN FOR SENATE**

Mailing Address PO BOX 3498

City PORTLAND State OR Zip Code 97208

Purpose of Disbursement  
Donation

011

Candidate Name

**RONALD LEE WYDEN**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OR District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 13 / 2014

Transaction ID : **SB23.15472**

Amount of Each Disbursement this Period

1000.00

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

2000.00

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

2000.00