

# 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. 12FE4M5

LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

ADDRESS (number and street) 420 W. Pinhook Road Suite A LAFAYETTE LA 70503

Check if different than previously reported. (ACC)

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

C 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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |   |  |
|--------------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)            | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input checked="" type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10)           | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 08 / 01 / 2015 through [MM] / [DD] / [YYYY] 08 / 31 / 2015

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 09 / 20 / 2015

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="21123.40"/>	<input type="text" value="21123.40"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="24528.04"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="3269.06"/>	<input type="text" value="18680.84"/>
(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="27797.10"/>	<input type="text" value="39804.24"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5000.00"/>	<input type="text" value="17007.14"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="22797.10"/>	<input type="text" value="22797.10"/>
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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2578.72	10167.44
(ii) Unitemized .....	690.34	8513.40
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	3269.06	18680.84
(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) .....	3269.06	18680.84
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))..... ▶	3269.06	18680.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3269.06	18680.84

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	5000.00	17000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	7.14
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5000.00	17007.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	17007.14

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3269.06	18680.84
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3269.06	18680.84
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:	PAGE 6 OF 21
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2015

**Transaction ID : SA11AI.16841**

Amount of Each Receipt this Period  
60.00

Payroll Deduction (\$30 Bi-Weekly)

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2015

**Transaction ID : SA11AI.16842**

Amount of Each Receipt this Period  
30.00

Payroll Deduction (\$30 Bi-Weekly)

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

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

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

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2015

**Transaction ID : SA11AI.16843**

Amount of Each Receipt this Period  
60.00

Payroll Deduction (\$30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

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

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 ▼ **480.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 19 / 2015**  
**Transaction ID : SA11Al.16844**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction (\$30 Bi-Weekly)

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

Mailing Address 130 Hwy 132

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 01 / 2015**  
**Transaction ID : SA11Al.16845**

Amount of Each Receipt this Period  
**60.00**

Payroll Deduction (\$30 Bi-Weekly)

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

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 ▼ **480.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 19 / 2015**  
**Transaction ID : SA11Al.16846**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction (\$30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>120.00</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 8 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. 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 ▼ **375.00**

Date of Receipt **08 / 01 / 2015**

**Transaction ID : SA11AI.16839**

Amount of Each Receipt this Period **50.00**

Payroll Deduction (\$25 Bi-Weekly)

**B. 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 ▼ **400.00**

Date of Receipt **08 / 19 / 2015**

**Transaction ID : SA11AI.16840**

Amount of Each Receipt this Period **25.00**

Payroll Deduction (\$25 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 ▼ **300.00**

Date of Receipt **08 / 01 / 2015**

**Transaction ID : SA11AI.16826**

Amount of Each Receipt this Period **40.00**

Payroll Deduction (\$20 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **115.00**

**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 9 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. 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 ▼ **320.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 19 / 2015  
**Transaction ID : SA11AI.16827**

Amount of Each Receipt this Period  
**20.00**

Payroll Deduction (\$20 Bi-Weekly)

**B. Barbara Goodman**  
Full Name (Last, First, Middle Initial)

Mailing Address 420 W. Pinhook Road

City Lafayette State LA Zip Code 70503

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

Name of Employer LHC Group Occupation Regional Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2015  
**Transaction ID : SA11AI.16822**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction (\$15 Bi-Weekly)

**C. Barbara Goodman**  
Full Name (Last, First, Middle Initial)

Mailing Address 420 W. Pinhook Road

City Lafayette State LA Zip Code 70503

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

Name of Employer LHC Group Occupation Regional Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 19 / 2015  
**Transaction ID : SA11AI.16823**

Amount of Each Receipt this Period  
**15.00**

Payroll Deduction (\$15 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: PAGE 10 OF 21  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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 ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 01 / 2015**

**Transaction ID : SA11Al.16847**

Amount of Each Receipt this Period  
**60.00**

Payroll Deduction (\$30 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. 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 ▼ **480.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 19 / 2015**

**Transaction ID : SA11Al.16848**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction (\$30 Bi-Weekly)

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

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 ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 01 / 2015**

**Transaction ID : SA11Al.16853**

Amount of Each Receipt this Period  
**80.00**

Payroll Deduction (\$40 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **170.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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. Richard Hollier</b>		Date of Receipt MM / DD / YYYY 08 / 19 / 2015 <b>Transaction ID : SA11AI.16854</b>
Mailing Address P.O. Box 95		Amount of Each Receipt this Period 40.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	
Payroll Deduction (\$40 Bi-Weekly)		

Full Name (Last, First, Middle Initial) <b>B. Melanie Kuehn</b>		Date of Receipt MM / DD / YYYY 08 / 01 / 2015 <b>Transaction ID : SA11AI.16861</b>
Mailing Address 4205 Persimmon Way		Amount of Each Receipt this Period 100.00
City Lake Charles	State LA	Zip Code 70518
FEC ID number of contributing federal political committee. C	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 ▼ 750.00	
Payroll Deduction (\$50 Bi-Weekly)		

Full Name (Last, First, Middle Initial) <b>C. Melanie Kuehn</b>		Date of Receipt MM / DD / YYYY 08 / 19 / 2015 <b>Transaction ID : SA11AI.16862</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	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 ▼ 800.00	
Payroll Deduction (\$50 Bi-Weekly)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	190.00
<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 12 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

Mailing Address 238 Dogwood Springs Lane

City Mena	State AR	Zip Code 71953
--------------	-------------	-------------------

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

Name of Employer LHC Group	Occupation State Market Developer
-------------------------------	--------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 01 / 2015**

**Transaction ID : SA11AI.16855**

Amount of Each Receipt this Period  
**80.00**

Payroll Deduction (\$40 Bi-Weekly)

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

Mailing Address 238 Dogwood Springs Lane

City Mena	State AR	Zip Code 71953
--------------	-------------	-------------------

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

Name of Employer LHC Group	Occupation State Market Developer
-------------------------------	--------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **640.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 19 / 2015**

**Transaction ID : SA11AI.16856**

Amount of Each Receipt this Period  
**40.00**

Payroll Deduction (\$40 Bi-Weekly)

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

Mailing Address 5908 John Boudreaux Road,

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

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

Name of Employer LHC Group	Occupation PT
-------------------------------	------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 01 / 2015**

**Transaction ID : SA11AI.16828**

Amount of Each Receipt this Period  
**40.00**

Payroll Deduction (\$20 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>160.00</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 13 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. 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 ▼ 320.00

Date of Receipt 08 / 19 / 2015  
**Transaction ID : SA11AI.16829**  
 Amount of Each Receipt this Period 200.00  
 Payroll Deduction (\$20 Bi-Weekly)

**B. Richard MacMillian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 324 Deer Park Trial  
 City Lafayette State LA Zip Code 70508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LHC Group Occupation Legal Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2850.00

Date of Receipt 08 / 01 / 2015  
**Transaction ID : SA11AI.16865**  
 Amount of Each Receipt this Period 380.00  
 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 ▼ 3040.00

Date of Receipt 08 / 19 / 2015  
**Transaction ID : SA11AI.16866**  
 Amount of Each Receipt this Period 190.00  
 Payroll Deduction (\$190 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	590.00
<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: PAGE 14 OF 21  
(check only one)

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

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

**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 **600.00**

Date of Receipt **08 / 01 / 2015**  
**Transaction ID : SA11AI.16857**  
Amount of Each Receipt this Period **80.00**  
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 **640.00**

Date of Receipt **08 / 19 / 2015**  
**Transaction ID : SA11AI.16858**  
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 **600.00**

Date of Receipt **08 / 01 / 2015**  
**Transaction ID : SA11AI.16859**  
Amount of Each Receipt this Period **80.00**  
Payroll Deduction (\$40 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **200.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 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. Keith Myers**  
Full Name (Last, First, Middle Initial)

Mailing Address 211 Morning Mist

City State Zip Code  
Sunset LA 70584

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

Name of Employer Occupation  
The LHC Group President/CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
640.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2015

**Transaction ID : SA11AI.16860**

Amount of Each Receipt this Period  
40.00

Payroll Deduction (\$40 Bi-Weekly)

**B. Ted Pappas**  
Full Name (Last, First, Middle Initial)

Mailing Address 440 Hwy 758

City State Zip Code  
Eunice LA 70535

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

Name of Employer Occupation  
LHC Group PT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
288.60

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2015

**Transaction ID : SA11AI.16824**

Amount of Each Receipt this Period  
38.48

Payroll Deduction (\$19.24 Bi-Weekly)

**C. Ted Pappas**  
Full Name (Last, First, Middle Initial)

Mailing Address 440 Hwy 758

City State Zip Code  
Eunice LA 70535

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

Name of Employer Occupation  
LHC Group PT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.84

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2015

**Transaction ID : SA11AI.16825**

Amount of Each Receipt this Period  
19.24

Payroll Deduction (\$19.24 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	97.72
<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 16 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. 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 ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2015

**Transaction ID : SA11AI.16830**

Amount of Each Receipt this Period  

Amount	300.00
--------	--------

Payroll Deduction (\$20 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 ▼ **320.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2015

**Transaction ID : SA11AI.16831**

Amount of Each Receipt this Period  

Amount	20.00
--------	-------

Payroll Deduction (\$20 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 ▼ **577.50**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2015

**Transaction ID : SA11AI.16849**

Amount of Each Receipt this Period  

Amount	77.00
--------	-------

Payroll Deduction (\$38.50 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>137.00</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 17 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 111 Shadowbrook Lane

City Youngsville State LA Zip Code 70592

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

Name of Employer LGC Group Occupation Director of Purchasing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **616.00**

Date of Receipt **08 / 19 / 2015**

**Transaction ID : SA11AI.16850**

Amount of Each Receipt this Period **38.50**

Payroll Deduction (\$38.50 Bi-Weekly)

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

Mailing Address 1113 Fawn Run

City Somerset State KY Zip Code 92501

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

Name of Employer LHC Group Occupation State Market Development Dir.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **08 / 01 / 2015**

**Transaction ID : SA11AI.16832**

Amount of Each Receipt this Period **40.00**

Payroll Deduction (\$20 Bi-Weekly)

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

Mailing Address 1113 Fawn Run

City Somerset State KY Zip Code 92501

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

Name of Employer LHC Group Occupation State Market Development Dir.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt **08 / 19 / 2015**

**Transaction ID : SA11AI.16833**

Amount of Each Receipt this Period **20.00**

Payroll Deduction (\$20 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>98.50</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 18 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Harold Taylor</b>		Date of Receipt MM / DD / YYYY 08 / 01 / 2015 <b>Transaction ID : SA11AI.16851</b>
Mailing Address 252 Purple Dawn Drive		Amount of Each Receipt this Period 77.00
City Sunset	State LA	Zip Code 70584
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$38.50 Bi-Weekly)	
Name of Employer La. Home Care Group, Inc.	Occupation Director of Purchasing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 577.50	

Full Name (Last, First, Middle Initial) <b>B. Harold Taylor</b>		Date of Receipt MM / DD / YYYY 08 / 19 / 2015 <b>Transaction ID : SA11AI.16852</b>
Mailing Address 252 Purple Dawn Drive		Amount of Each Receipt this Period 38.50
City Sunset	State LA	Zip Code 70584
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$38.50 Bi-Weekly)	
Name of Employer La. Home Care Group, Inc.	Occupation Director of Purchasing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 616.00	

Full Name (Last, First, Middle Initial) <b>C. Gary Thietten</b>		Date of Receipt MM / DD / YYYY 08 / 01 / 2015 <b>Transaction ID : SA11AI.16868</b>
Mailing Address 10611 Pine Shadow Road		Amount of Each Receipt this Period 100.00
City South Jordan	State UT	Zip Code 84095
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$100 Bi-Weekly)	
Name of Employer LHC Group	Occupation VP of Corp. Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	215.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

Full Name (Last, First, Middle Initial) <b>A. James Tobey</b>		Date of Receipt MM / DD / YYYY 08 / 19 / 2015 <b>Transaction ID : SA11AI.16863</b>
Mailing Address 465 Leo Avenue		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
		Payroll Deduction (\$50 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. James Tobey</b>		Date of Receipt MM / DD / YYYY 08 / 19 / 2015 <b>Transaction ID : SA11AI.16864</b>
Mailing Address 465 Leo Avenue		Amount of Each Receipt this Period 50.00
City Shreveport	State LA	Zip Code 71105
FEC ID number of contributing federal political committee. C	Name of Employer LHC Group	Occupation Director of Sales and Marketing
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
		Payroll Deduction (\$50 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Cynthia Wells</b>		Date of Receipt MM / DD / YYYY 08 / 01 / 2015 <b>Transaction ID : SA11AI.16834</b>
Mailing Address 367 Adams Circle		Amount of Each Receipt this Period 40.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
		Payroll Deduction (\$20 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	190.00
<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 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<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 ▼ **320.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2015

**Transaction ID : SA11AI.16835**

Amount of Each Receipt this Period  
**20.00**

Payroll Deduction (\$20 Bi-Weekly)

**B. 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 ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2015

**Transaction ID : SA11AI.16837**

Amount of Each Receipt this Period  
**40.00**

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
-------------------	-------------	-------------------

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 ▼ **320.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2015

**Transaction ID : SA11AI.16838**

Amount of Each Receipt this Period  
**20.00**

Payroll Deduction (\$20 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>80.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>2578.72</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. FRIENDS OF SCHUMER

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement  
Donation

011

Category/  
Type

Candidate Name

**CHARLES E SCHUMER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2015

Transaction ID : SB23.16867

Amount of Each Disbursement this Period

5000.00
---------

### B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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### C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

5000.00
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**TOTAL** This Period (last page this line number only)..... ▶

5000.00
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