

# 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

Check if different than previously reported. (ACC)

LAFAYETTE    LA    70503

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:

- 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  Primary (12P)     General (12G)     Runoff (12R)

PRE-Election Report for the:     Convention (12C)     Special (12S)

Election on    M M M / D D D / Y Y Y Y Y Y    in the State of

(d) 30-Day  General (30G)     Runoff (30R)     Special (30S)

POST-Election Report for the:    M M M / D D D / Y Y Y Y Y Y    in the State of

5. Covering Period    M M M / D D D / Y Y Y Y Y Y    through    M M M / D D D / Y Y Y Y Y Y

09    01    2011    09    30    2011

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    M M M / D D D / Y Y Y Y Y Y

10    20    2011

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="2011"/>	<input type="text" value="59616.19"/>	<input type="text" value="59616.19"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="52552.26"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="6074.77"/>	<input type="text" value="46193.84"/>
(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="58627.03"/>	<input type="text" value="105810.03"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="12500.00"/>	<input type="text" value="59683.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="46127.03"/>	<input type="text" value="46127.03"/>
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).....	5101.02	31002.00
(ii) Unitemized .....	973.75	15191.84
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6074.77	46193.84
(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) .....	6074.77	46193.84
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))..... ▶	6074.77	46193.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6074.77	46193.84

**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.....	12500.00	59000.00
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	683.00
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)) ..	12500.00	59683.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12500.00	59683.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	6074.77	46193.84
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6074.77	46193.84
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: (check only one)	PAGE 6 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Stuart Archer**  
Full Name (Last, First, Middle Initial)

Mailing Address 1214 Coolidge Street, 9th Floor

City Lafayette	State LA	Zip Code 70505
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FEC ID number of contributing federal political committee. **C**

Name of Employer LHC Group	Occupation Regional Vice President
-------------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2011

**Transaction ID : SA11AI.9445**

Amount of Each Receipt this Period  
75.00

Payroll Deduction (\$75 Bi-Weekly)

**B. Stuart Archer**  
Full Name (Last, First, Middle Initial)

Mailing Address 1214 Coolidge Street, 9th Floor

City Lafayette	State LA	Zip Code 70505
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FEC ID number of contributing federal political committee. **C**

Name of Employer LHC Group	Occupation Regional Vice President
-------------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

**Transaction ID : SA11AI.9446**

Amount of Each Receipt this Period  
75.00

Payroll Deduction (\$75 Bi-Weekly)

**C. Stuart Archer**  
Full Name (Last, First, Middle Initial)

Mailing Address 1214 Coolidge Street, 9th Floor

City Lafayette	State LA	Zip Code 70505
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FEC ID number of contributing federal political committee. **C**

Name of Employer LHC Group	Occupation Regional Vice President
-------------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

**Transaction ID : SA11AI.9447**

Amount of Each Receipt this Period  
75.00

Payroll Deduction (\$75 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<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 46
	<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. Mary Beaulieu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 134 Plantation Drive

City New Iberia	State LA	Zip Code 70563
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FEC ID number of contributing federal political committee. **C**

Name of Employer Louisiana Health Care Group, I	Occupation Director of Nursing
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2011

**Transaction ID : SA11AI.9451**

Amount of Each Receipt this Period  

20.00
-------

Payroll Deduction (\$20 Bi-Weekly)

**B. Mary Beaulieu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 134 Plantation Drive

City New Iberia	State LA	Zip Code 70563
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FEC ID number of contributing federal political committee. **C**

Name of Employer Louisiana Health Care Group, I	Occupation Director of Nursing
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

**Transaction ID : SA11AI.9452**

Amount of Each Receipt this Period  

20.00
-------

Payroll Deduction (\$20 Bi-Weekly)

**C. Mary Beaulieu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 134 Plantation Drive

City New Iberia	State LA	Zip Code 70563
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FEC ID number of contributing federal political committee. **C**

Name of Employer Louisiana Health Care Group, I	Occupation Director of Nursing
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

**Transaction ID : SA11AI.9453**

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:	PAGE 8 OF 46
	(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"/> 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. Angie Begnaud**

Mailing Address 645 Bellevue Plantation Road

City Lafayette	State LA	Zip Code 70503
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FEC ID number of contributing federal political committee. **C**

Name of Employer LHC Group	Occupation DVP-Operations
-------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2011

**Transaction ID : SA11AI.9454**

Amount of Each Receipt this Period  

50.00
-------

Payroll Deduction (\$50 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Angie Begnaud**

Mailing Address 645 Bellevue Plantation Road

City Lafayette	State LA	Zip Code 70503
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FEC ID number of contributing federal political committee. **C**

Name of Employer LHC Group	Occupation DVP-Operations
-------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2011

**Transaction ID : SA11AI.9455**

Amount of Each Receipt this Period  

50.00
-------

Payroll Deduction (\$50 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Angie Begnaud**

Mailing Address 645 Bellevue Plantation Road

City Lafayette	State LA	Zip Code 70503
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FEC ID number of contributing federal political committee. **C**

Name of Employer LHC Group	Occupation DVP-Operations
-------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2011

**Transaction ID : SA11AI.9456**

Amount of Each Receipt this Period  

50.00
-------

Payroll Deduction (\$50 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</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 9 OF 46
	<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. Susan Bergethon</b>		Date of Receipt
Mailing Address 1338 Drehr Avenue		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2011"/>
City	State	Zip Code
Baton Rouge	LA	70806
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11AI.9457</b>
LHC Group	VP/Asst. Legal Counsel	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="540.00"/>	<input type="text" value="30.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction (\$30 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Susan Bergethon</b>		Date of Receipt
Mailing Address 1338 Drehr Avenue		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City	State	Zip Code
Baton Rouge	LA	70806
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11AI.9458</b>
LHC Group	VP/Asst. Legal Counsel	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="570.00"/>	<input type="text" value="30.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction (\$30 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Susan Bergethon</b>		Date of Receipt
Mailing Address 1338 Drehr Avenue		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
Baton Rouge	LA	70806
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11AI.9459</b>
LHC Group	VP/Asst. Legal Counsel	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	<input type="text" value="30.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction (\$30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="90.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 10 OF 46  
(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. 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 ▼ **540.00**

Date of Receipt **09 / 02 / 2011**  
**Transaction ID : SA11AI.9464**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30 Bi-Weekly)

**B. Pam Bridges**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1625 Ormandy Drive  
 City Baton Rouge State LA Zip Code 70808  
 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 ▼ **570.00**

Date of Receipt **09 / 15 / 2011**  
**Transaction ID : SA11AI.9465**  
 Amount of Each Receipt this Period **30.00**  
 Payroll Deduction (\$30 Bi-Weekly)

**C. 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 ▼ **600.00**

Date of Receipt **09 / 30 / 2011**  
**Transaction ID : SA11AI.9466**  
 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 11 OF 46
	<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. Kevin Crager</b>		Date of Receipt MM / DD / YYYY 09 / 02 / 2011 <b>Transaction ID : SA11AI.9493</b>
Mailing Address 110 Bafanridge		Amount of Each Receipt this Period 50.00
City Hot Springs	State AR	Zip Code 71901
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 ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>B. Kevin Crager</b>		Date of Receipt MM / DD / YYYY 09 / 15 / 2011 <b>Transaction ID : SA11AI.9494</b>
Mailing Address 110 Bafanridge		Amount of Each Receipt this Period 50.00
City Hot Springs	State AR	Zip Code 71901
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 ▼ 950.00	

Full Name (Last, First, Middle Initial) <b>C. Kevin Crager</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 <b>Transaction ID : SA11AI.9495</b>
Mailing Address 110 Bafanridge		Amount of Each Receipt this Period 50.00
City Hot Springs	State AR	Zip Code 71901
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 ▼ 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 46
	<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. Pat DeRouen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1468 Mandy Lane

City Ville Platte	State LA	Zip Code 70586
----------------------	-------------	-------------------

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

Name of Employer The LHC Group	Occupation Regional Manager
-----------------------------------	--------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2011

**Transaction ID : SA11AI.9507**

Amount of Each Receipt this Period  
50.00

Payroll Deduction (\$50 Bi-Weekly)

**B. Pat DeRouen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1468 Mandy Lane

City Ville Platte	State LA	Zip Code 70586
----------------------	-------------	-------------------

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

Name of Employer The LHC Group	Occupation Regional Manager
-----------------------------------	--------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

**Transaction ID : SA11AI.9508**

Amount of Each Receipt this Period  
50.00

Payroll Deduction (\$50 Bi-Weekly)

**C. Pat DeRouen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1468 Mandy Lane

City Ville Platte	State LA	Zip Code 70586
----------------------	-------------	-------------------

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

Name of Employer The LHC Group	Occupation Regional Manager
-----------------------------------	--------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

**Transaction ID : SA11AI.9509**

Amount of Each Receipt this Period  
50.00

Payroll Deduction (\$50 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 13 OF 46
	<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. Chris Duhon**  
Full Name (Last, First, Middle Initial)

Mailing Address 10429 Rue de Duhon

City Abbeville State LA Zip Code 70510

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

Name of Employer LHC Group Occupation RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011

**Transaction ID : SA11AI.9510**

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 ▼ **570.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2011

**Transaction ID : SA11AI.9511**

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

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 ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : SA11AI.9512**

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 14 OF 46
	<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. 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 ▼ **540.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2011

**Transaction ID : SA11AI.9513**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction (\$30 Bi-Weekly)

**B. Ronda Dupree**  
Full Name (Last, First, Middle Initial)  
Mailing Address 130 Hwy 132

City Delhi	State LA	Zip Code 71232
---------------	-------------	-------------------

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 ▼ **570.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

**Transaction ID : SA11AI.9514**

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 ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

**Transaction ID : SA11AI.9515**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction (\$30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</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 15 OF 46
	<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. Eden Ezell**  
Full Name (Last, First, Middle Initial)

Mailing Address 114 Coconut Grove Circle

City Lafayette State LA Zip Code 70508

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

Name of Employer LHC Group Occupation VP & Ass. Legal Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt **09 / 02 / 2011**

**Transaction ID : SA11AI.9525**

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30 Bi-Weekly)

**B. Eden Ezell**  
Full Name (Last, First, Middle Initial)

Mailing Address 114 Coconut Grove Circle

City Lafayette State LA Zip Code 70508

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

Name of Employer LHC Group Occupation VP & Ass. Legal Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **570.00**

Date of Receipt **09 / 15 / 2011**

**Transaction ID : SA11AI.9526**

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30 Bi-Weekly)

**C. Eden Ezell**  
Full Name (Last, First, Middle Initial)

Mailing Address 114 Coconut Grove Circle

City Lafayette State LA Zip Code 70508

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

Name of Employer LHC Group Occupation VP & Ass. Legal Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **09 / 30 / 2011**

**Transaction ID : SA11AI.9527**

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 16 OF 46
<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. Shayne Ferguson**  
Full Name (Last, First, Middle Initial)

Mailing Address 390 Thicket Drive,

City Elizabethtown, State KY Zip Code 42701

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 ▼ **692.46**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011

**Transaction ID : SA11AI.9528**

Amount of Each Receipt this Period  
**38.47**

Payroll Deduction (\$38.47 Bi-Weekly)

**B. Shayne Ferguson**  
Full Name (Last, First, Middle Initial)

Mailing Address 390 Thicket Drive,

City Elizabethtown, State KY Zip Code 42701

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 ▼ **730.93**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2011

**Transaction ID : SA11AI.9529**

Amount of Each Receipt this Period  
**38.47**

Payroll Deduction (\$38.47 Bi-Weekly)

**C. Shayne Ferguson**  
Full Name (Last, First, Middle Initial)

Mailing Address 390 Thicket Drive,

City Elizabethtown, State KY Zip Code 42701

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 ▼ **769.40**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : SA11AI.9530**

Amount of Each Receipt this Period  
**38.47**

Payroll Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>115.41</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 46
	<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. 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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2011

**Transaction ID : SA11AI.9531**

Amount of Each Receipt this Period  
25.00

Payroll Deduction (\$25 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. 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 ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

**Transaction ID : SA11AI.9532**

Amount of Each Receipt this Period  
25.00

Payroll Deduction (\$25 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
09	/	30	/	2011

**Transaction ID : SA11AI.9533**

Amount of Each Receipt this Period  
25.00

Payroll Deduction (\$25 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt 09 / 02 / 2011  
**Transaction ID : SA11AI.9537**  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction (\$20 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 ▼ 380.00

Date of Receipt 09 / 15 / 2011  
**Transaction ID : SA11AI.9538**  
 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 ▼ 400.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : SA11AI.9539**  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction (\$20 Bi-Weekly)

<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 19 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt **09 / 02 / 2011**  
**Transaction ID : SA11AI.9540**  
 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 **285.00**

Date of Receipt **09 / 15 / 2011**  
**Transaction ID : SA11AI.9541**  
 Amount of Each Receipt this Period **15.00**  
 Payroll Deduction (\$15 Bi-Weekly)

**C. Barbara Goodman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 420 W. Pinhook Road  
 City Lafayette State LA Zip Code 70503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LHC Group Occupation Regional Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 30 / 2011**  
**Transaction ID : SA11AI.9542**  
 Amount of Each Receipt this Period **15.00**  
 Payroll Deduction (\$15 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: PAGE 20 OF 46  
(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

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

Mailing Address 1528 Greenwich Circle

City Birmingham, State AL Zip Code 35226

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

Name of Employer LHC Group Occupation State Operation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011

**Transaction ID : SA11AI.9543**

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30 Bi-Weekly)

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

Mailing Address 1528 Greenwich Circle

City Birmingham, State AL Zip Code 35226

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

Name of Employer LHC Group Occupation State Operation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **570.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2011

**Transaction ID : SA11AI.9544**

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30 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 ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : SA11AI.9545**

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 21 OF 46
	<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. Cayle Guillory</b>			Date of Receipt
Mailing Address 104 Daybreak Drive			<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2011"/>
City Sunset	State LA	Zip Code 70584	<b>Transaction ID : SA11AI.9546</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="15.15"/>
Name of Employer LHC Group	Occupation Respiratory Therapist	Payroll Deduction (\$15.15 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="272.70"/>		

Full Name (Last, First, Middle Initial) <b>B. Cayle Guillory</b>			Date of Receipt
Mailing Address 104 Daybreak Drive			<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City Sunset	State LA	Zip Code 70584	<b>Transaction ID : SA11AI.9547</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="15.15"/>
Name of Employer LHC Group	Occupation Respiratory Therapist	Payroll Deduction (\$15.15 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="287.85"/>		

Full Name (Last, First, Middle Initial) <b>C. Cayle Guillory</b>			Date of Receipt
Mailing Address 104 Daybreak Drive			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City Sunset	State LA	Zip Code 70584	<b>Transaction ID : SA11AI.9548</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="15.15"/>
Name of Employer LHC Group	Occupation Respiratory Therapist	Payroll Deduction (\$15.15 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="303.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="45.45"/>
<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 22 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**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 ▼ **720.00**

Date of Receipt **09 / 02 / 2011**

**Transaction ID : SA11AI.9555**

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 ▼ **760.00**

Date of Receipt **09 / 15 / 2011**

**Transaction ID : SA11AI.9556**

Amount of Each Receipt this Period **40.00**

Payroll Deduction (\$40 Bi-Weekly)

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

Mailing Address P.O. Box 95

City Opleousas State LA Zip Code 70571

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **09 / 30 / 2011**

**Transaction ID : SA11AI.9557**

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 23 OF 46
	<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. Melanie Kuehn**  
Full Name (Last, First, Middle Initial)

Mailing Address 4205 Persimmon Way

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011

**Transaction ID : SA11AI.9572**

Amount of Each Receipt this Period  
**50.00**

Payroll Deduction (\$50 Bi-Weekly)

**B. Melanie Kuehn**  
Full Name (Last, First, Middle Initial)

Mailing Address 4205 Persimmon Way

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2011

**Transaction ID : SA11AI.9573**

Amount of Each Receipt this Period  
**50.00**

Payroll Deduction (\$50 Bi-Weekly)

**C. Melanie Kuehn**  
Full Name (Last, First, Middle Initial)

Mailing Address 4205 Persimmon Way

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : SA11AI.9574**

Amount of Each Receipt this Period  
**50.00**

Payroll Deduction (\$50 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</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 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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 ▼ **540.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2011

**Transaction ID : SA11AI.9575**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction (\$30 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 ▼ **570.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

**Transaction ID : SA11AI.9576**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction (\$30 Bi-Weekly)

**C. 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
09	/	30	/	2011

**Transaction ID : SA11AI.9577**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction (\$30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</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 46
	<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. Mary Lee**  
Full Name (Last, First, Middle Initial)

Mailing Address 420 W. Pinhook Road  
Suite A

City Lafayette State LA Zip Code 70503

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

Name of Employer LHC Group, Inc. Occupation Division Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011

**Transaction ID : SA11AI.9578**

Amount of Each Receipt this Period  
 50.00

Payroll Deduction (\$50 Bi-Weekly)

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

Mailing Address 420 W. Pinhook Road  
Suite A

City Lafayette State LA Zip Code 70503

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

Name of Employer LHC Group, Inc. Occupation Division Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2011

**Transaction ID : SA11AI.9579**

Amount of Each Receipt this Period  
 50.00

Payroll Deduction (\$50 Bi-Weekly)

**C. Mary Lee**  
Full Name (Last, First, Middle Initial)

Mailing Address 420 W. Pinhook Road  
Suite A

City Lafayette State LA Zip Code 70503

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

Name of Employer LHC Group, Inc. Occupation Division Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : SA11AI.9580**

Amount of Each Receipt this Period  
 50.00

Payroll Deduction (\$50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**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 26 OF 46
	<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. Stephen Lepley**  
Full Name (Last, First, Middle Initial)

Mailing Address 9235 Royal Mountain Drive

City Chattanooga State TN Zip Code 37421

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

Name of Employer LHC Group Occupation Business Development Consultan

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **726.00**

Date of Receipt **09 / 02 / 2011**

**Transaction ID : SA11AI.9581**

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10 Bi-Weekly)

**B. Stephen Lepley**  
Full Name (Last, First, Middle Initial)

Mailing Address 9235 Royal Mountain Drive

City Chattanooga State TN Zip Code 37421

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

Name of Employer LHC Group Occupation Business Development Consultan

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **736.00**

Date of Receipt **09 / 15 / 2011**

**Transaction ID : SA11AI.9582**

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10 Bi-Weekly)

**C. Stephen Lepley**  
Full Name (Last, First, Middle Initial)

Mailing Address 9235 Royal Mountain Drive

City Chattanooga State TN Zip Code 37421

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

Name of Employer LHC Group Occupation Business Development Consultan

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **746.00**

Date of Receipt **09 / 30 / 2011**

**Transaction ID : SA11AI.9583**

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **30.00**

**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 46
	<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. Marcus Macip**  
Full Name (Last, First, Middle Initial)

Mailing Address 469 Meghan Drive

City Opelusas	State LA	Zip Code 70570
------------------	-------------	-------------------

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

Name of Employer LHC Group	Occupation VP/Chief Admin. Officer/Dir. Of HR
-------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2011

**Transaction ID : SA11AI.9593**

Amount of Each Receipt this Period  
100.00

Payroll Deduction (\$100 Bi-Weekly)

**B. Marcus Macip**  
Full Name (Last, First, Middle Initial)

Mailing Address 469 Meghan Drive

City Opelusas	State LA	Zip Code 70570
------------------	-------------	-------------------

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

Name of Employer LHC Group	Occupation VP/Chief Admin. Officer/Dir. Of HR
-------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

**Transaction ID : SA11AI.9594**

Amount of Each Receipt this Period  
100.00

Payroll Deduction (\$100 Bi-Weekly)

**C. Marcus Macip**  
Full Name (Last, First, Middle Initial)

Mailing Address 469 Meghan Drive

City Opelusas	State LA	Zip Code 70570
------------------	-------------	-------------------

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

Name of Employer LHC Group	Occupation VP/Chief Admin. Officer/Dir. Of HR
-------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

**Transaction ID : SA11AI.9595**

Amount of Each Receipt this Period  
100.00

Payroll Deduction (\$100 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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 28 OF 46
	<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. Richard MacMillian</b>			Date of Receipt MM / DD / YYYY 09 / 02 / 2011 <b>Transaction ID : SA11AI.9590</b>
Mailing Address 324 Deer Park Trial			Amount of Each Receipt this Period 200.00
City Lafayette	State LA	Zip Code 70508	Payroll Deduction (\$200 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 3600.00	
Name of Employer LHC Group	Occupation Legal Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Richard MacMillian</b>			Date of Receipt MM / DD / YYYY 09 / 15 / 2011 <b>Transaction ID : SA11AI.9591</b>
Mailing Address 324 Deer Park Trial			Amount of Each Receipt this Period 200.00
City Lafayette	State LA	Zip Code 70508	Payroll Deduction (\$200 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 3800.00	
Name of Employer LHC Group	Occupation Legal Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Richard MacMillian</b>			Date of Receipt MM / DD / YYYY 09 / 30 / 2011 <b>Transaction ID : SA11AI.9592</b>
Mailing Address 324 Deer Park Trial			Amount of Each Receipt this Period 200.00
City Lafayette	State LA	Zip Code 70508	Payroll Deduction (\$200 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 4000.00	
Name of Employer LHC Group	Occupation Legal Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<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 29 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 211 Morning Mist

City 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 ▼ **720.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011

**Transaction ID : SA11AI.9618**

Amount of Each Receipt this Period  
**40.00**

Payroll Deduction (\$40 Bi-Weekly)

**B. 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 ▼ **760.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2011

**Transaction ID : SA11AI.9619**

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 ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : SA11AI.9620**

Amount of Each Receipt this Period  
**40.00**

Payroll Deduction (\$40 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: PAGE 30 OF 46  
(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. Jessica Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4247 Parkridge Drive  
 City Benton State LA Zip Code 71006  
 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 ▼ 450.00

Date of Receipt 09 / 02 / 2011  
**Transaction ID : SA11AI.9621**  
 Amount of Each Receipt this Period 25.00  
 Payroll Deduction (\$25 Bi-Weekly)

**B. Jessica Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4247 Parkridge Drive  
 City Benton State LA Zip Code 71006  
 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 ▼ 475.00

Date of Receipt 09 / 15 / 2011  
**Transaction ID : SA11AI.9622**  
 Amount of Each Receipt this Period 25.00  
 Payroll Deduction (\$25 Bi-Weekly)

**C. Jessica Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4247 Parkridge Drive  
 City Benton State LA Zip Code 71006  
 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 ▼ 500.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : SA11AI.9623**  
 Amount of Each Receipt this Period 25.00  
 Payroll Deduction (\$25 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 31 OF 46
	<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. Peter C November**  
Full Name (Last, First, Middle Initial)  
Mailing Address 125 Emily Circle

City Lafayette	State LA	Zip Code 70505
-------------------	-------------	-------------------

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

Name of Employer LHC Group	Occupation Exec. VP
-------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3456.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2011

**Transaction ID : SA11AI.9624**

Amount of Each Receipt this Period  

192.00
--------

Payroll Deduction (\$192 Bi-Weekly)

**B. Peter C November**  
Full Name (Last, First, Middle Initial)  
Mailing Address 125 Emily Circle

City Lafayette	State LA	Zip Code 70505
-------------------	-------------	-------------------

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

Name of Employer LHC Group	Occupation Exec. VP
-------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3648.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

**Transaction ID : SA11AI.9625**

Amount of Each Receipt this Period  

192.00
--------

Payroll Deduction (\$192 Bi-Weekly)

**C. Peter C November**  
Full Name (Last, First, Middle Initial)  
Mailing Address 125 Emily Circle

City Lafayette	State LA	Zip Code 70505
-------------------	-------------	-------------------

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

Name of Employer LHC Group	Occupation Exec. VP
-------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3840.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

**Transaction ID : SA11AI.9626**

Amount of Each Receipt this Period  

192.00
--------

Payroll Deduction (\$192 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>576.00</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 32 OF 46
	<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. Ted Pappas**  
Full Name (Last, First, Middle Initial)

Mailing Address 440 Hwy 758

City Eunice State LA Zip Code 70535

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 ▼ **365.56**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011

**Transaction ID : SA11AI.9627**

Amount of Each Receipt this Period  
 19.24

Payroll Deduction (\$19.24 Bi-Weekly)

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

Mailing Address 440 Hwy 758

City Eunice State LA Zip Code 70535

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 ▼ **384.80**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2011

**Transaction ID : SA11AI.9628**

Amount of Each Receipt this Period  
 19.24

Payroll Deduction (\$19.24 Bi-Weekly)

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

Mailing Address 440 Hwy 758

City Eunice State LA Zip Code 70535

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 ▼ **404.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : SA11AI.9629**

Amount of Each Receipt this Period  
 19.24

Payroll Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **57.72**

**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 46
	<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 Reed**  
Full Name (Last, First, Middle Initial)

Mailing Address 215 Republic Ave #2101

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

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 ▼ **346.32**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2011

**Transaction ID : SA11AI.9636**

Amount of Each Receipt this Period  

19.24
-------

Payroll Deduction (\$19.24 Bi-Weekly)

**B. James Reed**  
Full Name (Last, First, Middle Initial)

Mailing Address 215 Republic Ave #2101

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

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 ▼ **365.56**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

**Transaction ID : SA11AI.9637**

Amount of Each Receipt this Period  

19.24
-------

Payroll Deduction (\$19.24 Bi-Weekly)

**C. James Reed**  
Full Name (Last, First, Middle Initial)

Mailing Address 215 Republic Ave #2101

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

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 ▼ **384.80**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

**Transaction ID : SA11AI.9638**

Amount of Each Receipt this Period  

19.24
-------

Payroll Deduction (\$19.24 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>57.72</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 34 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 111 Shadowbrook Lane

City Youngsville State LA Zip Code 70592

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

Name of Employer LGC Group Occupation Director of Purchasing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **693.00**

Date of Receipt  
 09 / 02 / 2011  
**Transaction ID : SA11AI.9645**

Amount of Each Receipt this Period  
**38.50**

Payroll Deduction (\$38.50 Bi-Weekly)

**B. 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 ▼ **731.50**

Date of Receipt  
 09 / 15 / 2011  
**Transaction ID : SA11AI.9647**

Amount of Each Receipt this Period  
**38.50**

Payroll Deduction (\$38.50 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 ▼ **770.00**

Date of Receipt  
 09 / 30 / 2011  
**Transaction ID : SA11AI.9648**

Amount of Each Receipt this Period  
**38.50**

Payroll Deduction (\$38.50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **115.50**

**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 35 OF 46  
(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. Dennis Simoneaux**

Mailing Address 17745 Gray Moss Avenue

City State Zip Code  
 Baton Rouge LA 70817

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 ▼  
 360.00

Date of Receipt  
 09 / 02 / 2011  
**Transaction ID : SA11AI.9650**

Amount of Each Receipt this Period  
 20.00

Payroll Deduction (\$20 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Dennis Simoneaux**

Mailing Address 17745 Gray Moss Avenue

City State Zip Code  
 Baton Rouge LA 70817

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 ▼  
 380.00

Date of Receipt  
 09 / 15 / 2011  
**Transaction ID : SA11AI.9651**

Amount of Each Receipt this Period  
 20.00

Payroll Deduction (\$20 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Dennis Simoneaux**

Mailing Address 17745 Gray Moss Avenue

City State Zip Code  
 Baton Rouge LA 70817

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 ▼  
 400.00

Date of Receipt  
 09 / 30 / 2011  
**Transaction ID : SA11AI.9652**

Amount of Each Receipt this Period  
 20.00

Payroll Deduction (\$20 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:	PAGE 36 OF 46
	(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

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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 ▼  
900.00

Date of Receipt  
09 / 02 / 2011  
**Transaction ID : SA11AI.9656**

Amount of Each Receipt this Period  
50.00

Payroll Deduction (\$50 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 ▼  
950.00

Date of Receipt  
09 / 15 / 2011  
**Transaction ID : SA11AI.9657**

Amount of Each Receipt this Period  
50.00

Payroll Deduction (\$50 Bi-Weekly)

**C. 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 ▼  
1000.00

Date of Receipt  
09 / 30 / 2011  
**Transaction ID : SA11AI.9658**

Amount of Each Receipt this Period  
50.00

Payroll Deduction (\$50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00

**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 37 OF 46
	<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. Lori Stagg**  
Full Name (Last, First, Middle Initial)

Mailing Address 204 Founders St.

City Lafayette State LA Zip Code 70508

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

Name of Employer LHC Group Occupation DVP - Hospice Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt  
 09 / 02 / 2011  
**Transaction ID : SA11AI.9659**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction (\$30 Bi-Weekly)

**B. Lori Stagg**  
Full Name (Last, First, Middle Initial)

Mailing Address 204 Founders St.

City Lafayette State LA Zip Code 70508

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

Name of Employer LHC Group Occupation DVP - Hospice Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **570.00**

Date of Receipt  
 09 / 15 / 2011  
**Transaction ID : SA11AI.9660**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction (\$30 Bi-Weekly)

**C. Lori Stagg**  
Full Name (Last, First, Middle Initial)

Mailing Address 204 Founders St.

City Lafayette State LA Zip Code 70508

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

Name of Employer LHC Group Occupation DVP - Hospice Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 09 / 30 / 2011  
**Transaction ID : SA11AI.9661**

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 38 OF 46
	<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 ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011

**Transaction ID : SA11AI.9662**

Amount of Each Receipt this Period  
 20.00

Payroll Deduction (\$20 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 ▼ **380.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2011

**Transaction ID : SA11AI.9663**

Amount of Each Receipt this Period  
 20.00

Payroll Deduction (\$20 Bi-Weekly)

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

Mailing Address 1113 Fawn Run

City Somerset, State KY Zip Code 92501

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

Name of Employer LHC Group Occupation State Market Development Dir.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : SA11AI.9664**

Amount of Each Receipt this Period  
 20.00

Payroll Deduction (\$20 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 39 OF 46
	<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 09 / 02 / 2011 <b>Transaction ID : SA11AI.9668</b>
Mailing Address 252 Purple Dawn Drive		Amount of Each Receipt this Period 38.50 Payroll Deduction (\$38.50 Bi-Weekly)
City Sunset	State LA	Zip Code 70584
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 693.00	
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) ▼		

Full Name (Last, First, Middle Initial) <b>B. Harold Taylor</b>		Date of Receipt MM / DD / YYYY 09 / 15 / 2011 <b>Transaction ID : SA11AI.9669</b>
Mailing Address 252 Purple Dawn Drive		Amount of Each Receipt this Period 38.50 Payroll Deduction (\$38.50 Bi-Weekly)
City Sunset	State LA	Zip Code 70584
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 731.50	
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) ▼		

Full Name (Last, First, Middle Initial) <b>C. Harold Taylor</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 <b>Transaction ID : SA11AI.9670</b>
Mailing Address 252 Purple Dawn Drive		Amount of Each Receipt this Period 38.50 Payroll Deduction (\$38.50 Bi-Weekly)
City Sunset	State LA	Zip Code 70584
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 770.00	
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) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 46
	<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 ▼ **1800.00**

Date of Receipt **09 / 02 / 2011**

**Transaction ID : SA11AI.9671**

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 ▼ **1900.00**

Date of Receipt **09 / 15 / 2011**

**Transaction ID : SA11AI.9672**

Amount of Each Receipt this Period **100.00**

Payroll Deduction (\$100 Bi-Weekly)

**C. 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 ▼ **2000.00**

Date of Receipt **09 / 30 / 2011**

**Transaction ID : SA11AI.9673**

Amount of Each Receipt this Period **100.00**

Payroll Deduction (\$100 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **300.00**

**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 41 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. James Tobey</b>		Date of Receipt MM / DD / YYYY 09 / 02 / 2011 <b>Transaction ID : SA11AI.9674</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	Payroll Deduction (\$50 Bi-Weekly)	
Name of Employer LHC Group	Occupation Director of Sales and Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>B. James Tobey</b>		Date of Receipt MM / DD / YYYY 09 / 15 / 2011 <b>Transaction ID : SA11AI.9675</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	Payroll Deduction (\$50 Bi-Weekly)	
Name of Employer LHC Group	Occupation Director of Sales and Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

Full Name (Last, First, Middle Initial) <b>C. James Tobey</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 <b>Transaction ID : SA11AI.9676</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	Payroll Deduction (\$50 Bi-Weekly)	
Name of Employer LHC Group	Occupation Director of Sales and Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 46
	<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. Teresa Tollison</b>		Date of Receipt
Mailing Address 303 Wine Sap Circle		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2011"/>
City	State	Zip Code
Harvest	AL	35749
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.9677</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
LHC Group	RN	<input type="text" value="19.24"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction (\$19.24 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="346.32"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Teresa Tollison</b>		Date of Receipt
Mailing Address 303 Wine Sap Circle		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City	State	Zip Code
Harvest	AL	35749
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.9678</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
LHC Group	RN	<input type="text" value="19.24"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction (\$19.24 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.56"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Teresa Tollison</b>		Date of Receipt
Mailing Address 303 Wine Sap Circle		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
Harvest	AL	35749
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.9679</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
LHC Group	RN	<input type="text" value="19.24"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction (\$19.24 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="384.80"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="57.72"/>
<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 43 OF 46
	<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. Rita West**  
Full Name (Last, First, Middle Initial)  
Mailing Address 443 N. Highland St. #10

City Memphis	State TN	Zip Code 38122
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : SA11AI.9695**

Amount of Each Receipt this Period  
30.00

Payroll Deduction (\$30 Bi-Weekly)

**B. Rita West**  
Full Name (Last, First, Middle Initial)  
Mailing Address 443 N. Highland St. #10

City Memphis	State TN	Zip Code 38122
-----------------	-------------	-------------------

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 ▼  
570.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2011  
**Transaction ID : SA11AI.9696**

Amount of Each Receipt this Period  
30.00

Payroll Deduction (\$30 Bi-Weekly)

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5101.02

**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. BECERRA FOR CONGRESS**

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement  
Donation

011

Candidate Name

**XAVIER BECERRA**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 31

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2011

Transaction ID : **SB23.9707**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. BEN CARDIN FOR SENATE**

Mailing Address P.O. BOX 21093

City CATONSVILLE State MD Zip Code 21228

Purpose of Disbursement  
donation

011

Candidate Name

**BENJAMIN L CARDIN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MD District: 03

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2011

Transaction ID : **SB23.9704**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. BEN CHANDLER FOR CONGRESS**

Mailing Address P. O. Box 12678

City Lexington State KY Zip Code 40508

Purpose of Disbursement  
Donation

011

Candidate Name

**A.B. III CHANDLER**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2011

Transaction ID : **SB23.9698**

Amount of Each Disbursement this Period

2500.00

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

5500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. BILL NELSON FOR U S SENATE**

Mailing Address 972 W WHITMIRE DRIVE

City MELBOURNE State FL Zip Code 32935

Purpose of Disbursement  
Donation

011

Candidate Name

**BILL NELSON**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2011

**Transaction ID : SB23.9708**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JOE PITTS**

Mailing Address PO BOX 775

City UNIONVILLE State PA Zip Code 19375

Purpose of Disbursement  
Donation

011

Candidate Name

**JOSEPH R. PITTS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2011

**Transaction ID : SB23.9699**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. KLOBUCHAR FOR MINNESOTA 2012**

Mailing Address PO BOX 4146

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement  
Donation

011

Candidate Name

**AMY J KLOBUCHAR**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MN District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2011

**Transaction ID : SB23.9712**

Amount of Each Disbursement this Period

1000.00

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

5000.00

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

# 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. STABENOW FOR US SENATE**

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement Donation

Candidate Name **DEBBIE STABENOW**

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: MI District: 00

Date of Disbursement: 09 / 30 / 2011

**Transaction ID : SB23.9711**

Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Full Name (Last, First, Middle Initial)  
**B. TOMMY THOMPSON FOR SENATE INC**

Mailing Address PO BOX 2539

City MADISON State WI Zip Code 53701

Purpose of Disbursement Donation

Candidate Name **TOMMY G THOMPSON**

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: WI District: 00

Date of Disbursement: 09 / 30 / 2011

**Transaction ID : SB23.9715**

Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: / /

Amount of Each Disbursement this Period:

Category/Type:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2000.00

**TOTAL** This Period (last page this line number only)..... ▶ 12500.00