

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

ADDRESS (number and street)

420 W. Pinhook Road

Suite A

Check if different than previously reported. (ACC)

LAFAYETTE

LA

70503

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00382796

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

General (30G)

X

Runoff (30R)

Special (30S)

Election on

12

04

2004

in the State of

LA

5. Covering Period

11

15

2004

through

12

24

2004

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

Type or Print Name of Treasurer

Jimmy Gravois

Signature of Treasurer

Electronically Filed by Jimmy Gravois

Date

01

03

2004

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

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

Report Covering the Period: From: ^M11 ^D15 ^Y2004 To: ^M12 ^D24 ^Y2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2004 ^Y		1783.93
(b) Cash on Hand at Beginning of Reporting Period	1347.43	
(c) Total Receipts (from Line 19)	3095.50	14179.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	4442.93	15963.43
<hr/>		
7. Total Disbursements (from Line 31)	2510.00	14030.50
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1932.93	1932.93
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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Page 3

Write or Type Committee Name

LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

Report Covering the Period: From: ^M11 ^D15 ^Y2004 To: ^M12 ^D24 ^Y2004

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)	2977.00	
(ii) Unitemized	118.50	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	3095.50	14167.50
(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)	3095.50	14167.50
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	12.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	3095.50	14179.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3095.50	14179.50

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) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	10.00	30.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	10.00	30.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	14000.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (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))..	2510.00	14030.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	2510.00	14030.50

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	3095.50	14167.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3095.50	14167.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	10.00	30.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	12.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	10.00	18.50

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

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

FOR LINE NUMBER: PAGE 6 / 13

(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. Mary Beaulieu		Date of Receipt M / D / Y 11 / 17 / 2004
Mailing Address 134 Plantation Drive		Transaction ID: SA11A1.4251
City New Iberia	State LA	Zip Code 70563
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Louisiana Health Care Group, I	Occupation Director of Nursing	Payroll Deduction (\$10 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) B. Mary Beaulieu		Date of Receipt M / D / Y 12 / 03 / 2004
Mailing Address 134 Plantation Drive		Transaction ID: SA11A1.4252
City New Iberia	State LA	Zip Code 70563
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Louisiana Health Care Group, I	Occupation Director of Nursing	Payroll Deduction (\$10 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Pam Briggs		Date of Receipt M / D / Y 11 / 29 / 2004
Mailing Address 1825 Ormandy Drive		Transaction ID: SA11A1.4243
City Baton Rouge	State LA	Zip Code 70808
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Louisiana Health Care Group, I	Occupation Corporate Trainer	Payroll Deduction (\$10 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 13

(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. Pam Bridges		Date of Receipt M / D / Y 12 / 03 / 2004
Mailing Address 1625 Ormandy Drive		Transaction ID: SA11A1.4244
City Baton Rouge	State LA	Zip Code 70808
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Louisiana Health Care Group, I	Occupation Corporate Trainer	Payroll Deduction (\$10 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Barr Brown		Date of Receipt M / D / Y 11 / 17 / 2004
Mailing Address 141 Duster Drive		Transaction ID: SA11A1.4258
City Natchez	State MS	Zip Code 39120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer The LHC Group	Occupation VP/CFO	Payroll Deduction (\$40 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) C. Barr Brown		Date of Receipt M / D / Y 12 / 03 / 2004
Mailing Address 141 Duster Drive		Transaction ID: SA11A1.4259
City Natchez	State MS	Zip Code 39120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer The LHC Group	Occupation VP/CFO	Payroll Deduction (\$40 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 13
(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. Daryl Doise		Date of Receipt M / D / Y 11 / 17 / 2004
Mailing Address 1042 Camillia Building Apt. 4303		Transaction ID: SA11A1.4242
City Lafayette	State LA	Zip Code 70508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer LHC Group	Occupation	Aggregate Year-to-Date ▼ 2500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Richard Holier		Date of Receipt M / D / Y 11 / 17 / 2004
Mailing Address P.O. Box 95		Transaction ID: SA11A1.4247
City Opoleusas	State LA	Zip Code 70571
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Louisiana Health Care Gro- up, I	Occupation Legal Compliance	Payroll Deduction (\$25 Bi- Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

Full Name (Last, First, Middle Initial) C. Richard Holier		Date of Receipt M / D / Y 12 / 03 / 2004
Mailing Address P.O. Box 95		Transaction ID: SA11A1.4248
City Opoleusas	State LA	Zip Code 70571
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Louisiana Health Care Gro- up, I	Occupation Legal Compliance	Payroll Deduction (\$25 Bi- Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	▶	2550.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 13

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

Full Name (Last, First, Middle Initial) A. John Indest		Date of Receipt M / D / Y 11 / 17 / 2004
Mailing Address 235 Duperier Ave.		Transaction ID: SA11A1.4256
City New Iberia	State LA	Zip Code 70563
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer The LHC Group	Occupation VP/COO	Payroll Deduction (540 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) B. John Indest		Date of Receipt M / D / Y 12 / 03 / 2004
Mailing Address 235 Duperier Ave.		Transaction ID: SA11A1.4257
City New Iberia	State LA	Zip Code 70563
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer The LHC Group	Occupation VP/COO	Payroll Deduction (540 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) C. Keith Myers		Date of Receipt M / D / Y 11 / 17 / 2004
Mailing Address 211 Morning Mist		Transaction ID: SA11A1.4260
City Sunset	State LA	Zip Code 70584
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer The LHC Group	Occupation President/CEO	Payroll Deduction (540 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 13
(check only one)
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 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. Keith Myers		Date of Receipt M / D / Y 12 / 03 / 2004
Mailing Address 211 Morning Mist		Transaction ID: SA11A1.4261
City Sunset	State LA	Zip Code 70584
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer The LHC Group	Occupation President/CEO	Payroll Deduction (\$40 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	

Full Name (Last, First, Middle Initial) B. Thomas Smith		Date of Receipt M / D / Y 11 / 17 / 2004
Mailing Address 108 Rdlingword Drive		Transaction ID: SA11A1.4249
City Natchez	State MS	Zip Code 39120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Louisiana Health Care Gro- up, I	Occupation Regional Manager	Payroll Deduction (\$10 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) C. Thomas Smith		Date of Receipt M / D / Y 12 / 03 / 2004
Mailing Address 108 Rdlingword Drive		Transaction ID: SA11A1.4250
City Natchez	State MS	Zip Code 39120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Louisiana Health Care Gro- up, I	Occupation Regional Manager	Payroll Deduction (\$10 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 13
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 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. Liz Star		Date of Receipt M / D / Y 11 / 17 / 2004
Mailing Address 10218 Bell Road		Transaction ID: SA11A1.4284
City Iowa	State LA	Zip Code 70647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer The LHC Group	Occupation Regional Manager	Payroll Deduction (\$25 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Liz Star		Date of Receipt M / D / Y 12 / 03 / 2004
Mailing Address 10218 Bell Road		Transaction ID: SA11A1.4285
City Iowa	State LA	Zip Code 70647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer The LHC Group	Occupation Regional Manager	Payroll Deduction (\$25 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) C. Harold Taylor		Date of Receipt M / D / Y 11 / 17 / 2004
Mailing Address 252 Purple Dawn Drive		Transaction ID: SA11A1.4289
City Sunset	State LA	Zip Code 70584
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.50
Name of Employer La. Home Care Group, Inc.	Occupation Director of Purchasing	Payroll Deduction (\$38.50 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 968.00	

SUBTOTAL of Receipts This Page (optional)	88.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 13
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Harold Taylor		Date of Receipt M / D / Y 12 / 03 / 2004
Mailing Address 252 Purple Dawn Drive		Transaction ID: SA11A1.4254
City Sunset	State LA	Zip Code 70584
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.50
Name of Employer La. Home Care Group, Inc.	Occupation Director of Purchasing	Payroll Deduction (\$38.50 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1006.50	

SUBTOTAL of Receipts This Page (optional)	▶	38.50
TOTAL This Period (last page this line number only)	▶	2977.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 13

<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. CHARLES BOUSTANY JR. FOR CONGRESS

Mailing Address 2938 Johnston St.

City Lafayette State LA Zip Code 70503

Purpose of Disbursement
Contribution

Candidate Name
CHARLES BOUSTANY JR. FOR CONGRESS

Office Sought: House
Senate
President

State: LA District: D7

Disbursement For: 2004
Primary General
 Other (specify) ▼
Runoff

Transaction ID: SB23.4289
Date of Disbursement
11 / 17 / 2004

Amount of Each Disbursement this Period
2500.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	2500.00