

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

ADDRESS (number and street) 420 W. Pinhook Road Suite A LAFAYETTE LA 70503 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00382796 3. IS THIS REPORT NEW (N) OR AMENDED (A) [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 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) Mar 20 (M3) [X] Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) 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 POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 03 / 01 / 2014 through 03 / 31 / 2014

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 04 / 20 / 2014

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 table with 10 columns and 1 row. FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value=""/>	<input type="text" value="1061.18"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="7575.03"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="3274.92"/>	<input type="text" value="11288.77"/>
(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="10849.95"/>	<input type="text" value="12349.95"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1250.00"/>	<input type="text" value="2750.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="9599.95"/>	<input type="text" value="9599.95"/>
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:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2110.94	4170.94
(ii) Unitemized .....	1163.98	7117.83
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3274.92	11288.77
(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) .....	3274.92	11288.77
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))..... ▶	3274.92	11288.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3274.92	11288.77

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	1250.00	2750.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1250.00	2750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1250.00	2750.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3274.92	11288.77
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3274.92	11288.77
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 18
	<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. 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 **210.00**

Date of Receipt **03 / 24 / 2014**  
**Transaction ID : SA11AI.14230**  
 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 **210.00**

Date of Receipt **03 / 24 / 2014**  
**Transaction ID : SA11AI.14232**  
 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 **210.00**

Date of Receipt **03 / 24 / 2014**  
**Transaction ID : SA11AI.14234**  
 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 7 OF 18
	<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. 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 ▼ **230.82**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 10 / 2014**

**Transaction ID : SA11AI.14235**

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 ▼ **269.29**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 24 / 2014**

**Transaction ID : SA11AI.14236**

Amount of Each Receipt this Period  
**38.47**

Payroll Deduction (\$38.47 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 ▼ **210.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 24 / 2014**

**Transaction ID : SA11AI.14238**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction (\$30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>106.94</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 18
	<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. 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 ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 10 / 2014**

**Transaction ID : SA11AI.14285**

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 ▼ **280.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 24 / 2014**

**Transaction ID : SA11AI.14286**

Amount of Each Receipt this Period  
**40.00**

Payroll Deduction (\$40 Bi-Weekly)

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

Mailing Address 100 Creek Bnd

City Lafayette State LA Zip Code 70508

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

Name of Employer LHC Group Occupation Sr. VP of Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 10 / 2014**

**Transaction ID : SA11AI.14215**

Amount of Each Receipt this Period  
**200.00**

Payroll Deduction (\$200 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>280.00</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 18
	<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. Jeffrey Kreger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Creek Bnd  
 City Lafayette State LA Zip Code 70508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LHC Group Occupation Sr. VP of Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 03 / 24 / 2014  
**Transaction ID : SA11AI.14216**  
 Amount of Each Receipt this Period 200.00  
 Payroll Deduction (\$200 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 ▼ 300.00

Date of Receipt 03 / 10 / 2014  
**Transaction ID : SA11AI.14252**  
 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 ▼ 350.00

Date of Receipt 03 / 24 / 2014  
**Transaction ID : SA11AI.14253**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction (\$50 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 10 OF 18
	<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. Amy Laing**

Mailing Address 238 Dogwood Springs Lane

City	State	Zip Code
Mena	AR	71953

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

Name of Employer	Occupation
LHC Group	State Market Developer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

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

**Transaction ID : SA11AI.14287**

Amount of Each Receipt this Period  

240.00
--------

Payroll Deduction (\$40 Bi-Weekly)

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

Mailing Address 238 Dogwood Springs Lane

City	State	Zip Code
Mena	AR	71953

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

Name of Employer	Occupation
LHC Group	State Market Developer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2014

**Transaction ID : SA11AI.14288**

Amount of Each Receipt this Period  

280.00
--------

Payroll Deduction (\$40 Bi-Weekly)

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

Mailing Address 324 Deer Park Trial

City	State	Zip Code
Lafayette	LA	70508

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

Name of Employer	Occupation
LHC Group	Legal Counsel

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
03	/	10	/	2014

**Transaction ID : SA11AI.14268**

Amount of Each Receipt this Period  

190.00
--------

Payroll Deduction (\$190 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>270.00</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 11 OF 18
	<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. Richard MacMillian**  
Full Name (Last, First, Middle Initial)

Mailing Address 324 Deer Park Trail

City Lafayette State LA Zip Code 70508

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

Name of Employer LHC Group Occupation Legal Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1140.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 24 / 2014**

**Transaction ID : SA11AI.14269**

Amount of Each Receipt this Period  
**190.00**

Payroll Deduction (\$190 Bi-Weekly)

**B. Rebecca McCoy**  
Full Name (Last, First, Middle Initial)

Mailing Address 57 Short Side Drive

City Williamstown State WV Zip Code 26187

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

Name of Employer LHC Group Occupation State Operations Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 24 / 2014**

**Transaction ID : SA11AI.14240**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction (\$30 Bi-Weekly)

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

Mailing Address 201 Worth Ave.

City Lafayette State LA Zip Code 70508

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

Name of Employer LHC Group Occupation Vice President of Strategic Partnershi

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 10 / 2014**

**Transaction ID : SA11AI.14289**

Amount of Each Receipt this Period  
**40.00**

Payroll Deduction (\$40 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **260.00**

**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 12 OF 18  
(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. Brach Myers**  
 Mailing Address 201 Worth Ave.  
 City Lafayette State LA Zip Code 70508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LHC Group Occupation Vice President of Strategic Partnershi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 03 / 24 / 2014  
**Transaction ID : SA11AI.14290**  
 Amount of Each Receipt this Period 40.00  
 Payroll Deduction (\$40 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Keith Myers**  
 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 ▼ 240.00

Date of Receipt  
 03 / 10 / 2014  
**Transaction ID : SA11AI.14291**  
 Amount of Each Receipt this Period 40.00  
 Payroll Deduction (\$40 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Keith Myers**  
 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 ▼ 280.00

Date of Receipt  
 03 / 24 / 2014  
**Transaction ID : SA11AI.14292**  
 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 13 OF 18
	<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. Cathy Newhouse**  
Full Name (Last, First, Middle Initial)  
Mailing Address 97 Stonehill Road

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

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

Name of Employer LHC Group	Occupation Sr. VP of Clinical Program Development
-------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

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

**Transaction ID : SA11AI.14293**

Amount of Each Receipt this Period  
50.00

Payroll Deduction (\$50 Bi-Weekly)

**B. Cathy Newhouse**  
Full Name (Last, First, Middle Initial)  
Mailing Address 97 Stonehill Road

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

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

Name of Employer LHC Group	Occupation Sr. VP of Clinical Program Development
-------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2014

**Transaction ID : SA11AI.14294**

Amount of Each Receipt this Period  
50.00

Payroll Deduction (\$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 ▼  
231.00

Date of Receipt  

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

**Transaction ID : SA11AI.14241**

Amount of Each Receipt this Period  
38.50

Payroll Deduction (\$38.50 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	138.50
<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 14 OF 18
	<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. Albert Simien**

Mailing Address 111 Shadowbrook Lane

City State Zip Code  
Youngsville LA 70592

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

Name of Employer Occupation  
LGC Group Director of Purchasing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.50

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2014  
**Transaction ID : SA11AI.14242**

Amount of Each Receipt this Period  
38.50

Payroll Deduction (\$38.50 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Cindy Sobel**

Mailing Address 2037 Country Wood Court

City State Zip Code  
Walnut Creek CA 94598

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

Name of Employer Occupation  
LHC Group Director of Nurses

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2014  
**Transaction ID : SA11AI.14297**

Amount of Each Receipt this Period  
50.00

Payroll Deduction (\$50 Bi-Weekly)

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

Mailing Address 2037 Country Wood Court

City State Zip Code  
Walnut Creek CA 94598

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

Name of Employer Occupation  
LHC Group Director of Nurses

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2014  
**Transaction ID : SA11AI.14298**

Amount of Each Receipt this Period  
50.00

Payroll Deduction (\$50 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	138.50
<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 15 OF 18
	<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. Lori Stagg</b>		Date of Receipt MM / DD / YYYY 03 / 24 / 2014 <b>Transaction ID : SA11AI.14244</b>
Mailing Address 204 Founders St.		Amount of Each Receipt this Period 30.00
City Lafayette	State LA	Zip Code 70508
FEC ID number of contributing federal political committee.	C	Payroll Deduction (\$30 Bi-Weekly)
Name of Employer LHC Group	Occupation DVP - Hospice Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. Harold Taylor</b>		Date of Receipt MM / DD / YYYY 03 / 10 / 2014 <b>Transaction ID : SA11AI.14245</b>
Mailing Address 252 Purple Dawn Drive		Amount of Each Receipt this Period 38.50
City Sunset	State LA	Zip Code 70584
FEC ID number of contributing federal political committee.	C	Payroll Deduction (\$38.50 Bi-Weekly)
Name of Employer La. Home Care Group, Inc.	Occupation Director of Purchasing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00	

Full Name (Last, First, Middle Initial) <b>C. Harold Taylor</b>		Date of Receipt MM / DD / YYYY 03 / 24 / 2014 <b>Transaction ID : SA11AI.14305</b>
Mailing Address 252 Purple Dawn Drive		Amount of Each Receipt this Period 38.50
City Sunset	State LA	Zip Code 70584
FEC ID number of contributing federal political committee.	C	Payroll Deduction (\$38.50 Bi-Weekly)
Name of Employer La. Home Care Group, Inc.	Occupation Director of Purchasing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.50	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	107.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 16 OF 18  
(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. 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 ▼ 600.00

Date of Receipt 03 / 10 / 2014  
**Transaction ID : SA11AI.14283**  
 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 ▼ 700.00

Date of Receipt 03 / 24 / 2014  
**Transaction ID : SA11AI.14284**  
 Amount of Each Receipt this Period 100.00  
 Payroll Deduction (\$100 Bi-Weekly)

**C. James Tobey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 465 Leo Avenue  
 City Shreveport State LA Zip Code 71105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LHC Group Occupation Director of Sales and Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 10 / 2014  
**Transaction ID : SA11AI.14299**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction (\$50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 17 OF 18  
(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. James Tobey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 465 Leo Avenue  
 City Shreveport State LA Zip Code 71105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LHC Group Occupation Director of Sales and Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 24 / 2014  
**Transaction ID : SA11AI.14302**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction (\$50 Bi-Weekly)

**B.**  
 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  
 Amount of Each Receipt this Period

**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  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2110.94

# 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. MCCONNELL SENATE COMMITTEE '14

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement  
Donation

011

Category/  
Type

Candidate Name

**MITCH MCCONNELL**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2014

Transaction ID : SB23.14304

Amount of Each Disbursement this Period

1250.00
---------

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

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

1250.00
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**TOTAL** This Period (last page this line number only)..... ▶

1250.00
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