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and Iowa

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May 26, 2004

Federal Election Commission
999 East Street, NW
Washington, D.C. 20463

Re: Amended Form 1 Filing
Louisiana Heart Hospital and Heart Hospital of Lafayette PAC
Our File No. 0202-3-4358

Ladies and Gentlemen:

With our letter of April 27, 2004 we registered the Better Louisiana Health Care PAC. In accordance with applicable FEC regulations, we are amending that registration to reflect the name of Louisiana Heart Hospital and Heart Hospital of Lafayette PAC. Only the first page of the form is being changed.

Thank you for your cooperation.

Very truly yours,



MCC/tn
Enclosure

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FEDERAL
OPERATIONS CENTER
JUN - 2 A 9 31

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FEC MAIL
OPERATIONS CENTER
JUN JUN -2 A 9 31

FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

LOUISIANA HEART HOSPITAL AND HEMORRHOID HOSPITAL
OF LAFFAYETTE, LA

ADDRESS (number and street)

5199 VILLAGE WALK

(Check if address
is changed)

SHREVEPORT, LA

CONVENTION

LA

70438

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

MCARRIGOD@ABORTSIMS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

NONE

COMMITTEE'S FAX NUMBER

985-898-0883

2. DATE

05 25 2004

3. FEC IDENTIFICATION NUMBER ▶

C00400309

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer

MCARRIGOD CARRICO

Signature of Treasurer

Michael Carrico

Date

05 25 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9550
Local 202-594-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

LOUISIANA HEART HOSPITAL _____

HEART HOSPITAL OF LAFALETTE _____

Mailing Address 164030 AIRWAY, 434 LACOMBE LA 70445

202 RIVERVIEWVILLE LAFALETTE LA 70508

_____-_____-_____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship ~~AFFILIATED~~ ^{CONNECTED} ORGANIZATION _____

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

FEC Form 4 (Revised 02/2003)

Write or Type Committee Name

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name W. CHORD, CARLISA

Mailing Address 5100 VILLAGES WALK SUITE 1390
COVINGTON LA 70433

Title or Position TREASURER CITY LA STATE LA ZIP CODE 70433

Telephone number 985-893-1299

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer W. CHORD, CARLISA

Mailing Address 5100 VILLAGES WALK SUITE 1390
COVINGTON LA 70433

Title or Position TREASURER CITY LA STATE LA ZIP CODE 70433

Telephone number 985-893-1299

Full Name of Designated Agent W. CHORD, CARLISA

Mailing Address 5100 VILLAGES WALK SUITE 1390
COVINGTON LA 70433

Title or Position TREASURER CITY LA STATE LA ZIP CODE 70433

Telephone number 985-893-1299

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

RESOURCE BANK

Mailing Address

5102 VILLAGES WALK

COVINGTON LA 70433

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address


CITY

STATE

ZIP CODE

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 5-26-04
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	5-2-04 DATE PREPARED