

**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

A.	Full Name (Last, First, Middle Initial) Berg For Senate	Transaction ID: SB23.9063 Date of Disbursement
	Mailing Address P.O. Box 9394	<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
	City Fargo State ND Zip Code 58106	Amount of Each Disbursement this Period
	Purpose of Disbursement Donation	<input type="text" value="1000.00"/>
	Candidate Name Richard Berg	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CARPER FOR SENATE	Transaction ID: SB23.9049 Date of Disbursement
	Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR	<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
	City NEW CASTLE State DE Zip Code 19720	Amount of Each Disbursement this Period
	Purpose of Disbursement Donation	<input type="text" value="2000.00"/>
	Candidate Name THOMAS R CARPER	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DAVID VITTER FOR US SENATE	Transaction ID: SB23.9050 Date of Disbursement
	Mailing Address PO BOX 8175	<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City METAIRIE State LA Zip Code 70011	Amount of Each Disbursement this Period
	Purpose of Disbursement Donation	<input type="text" value="3000.00"/>
	Candidate Name DAVID VITTER	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>