COMMITTEE'S REPORT

(filed by committees that support or oppose one or more candidates and/or propositions and that are not candidate committees)

1. Full Name and Address of Political Committee

Louisiana Association of Health Plans
17425 Jefferson Hwy., Suite C
Baton Rouge, LA 70817

OFFICE USE ONLY

PAC
Monthly
5/10

2. Date of Primary _____ N/A _____

This report covers from April 1, 2011 through April 30, 2011

3. Type of Report:

_____ 180th day prior to primary
_____ 90th day prior to primary
_____ 30th day prior to primary
_____ 10th day prior to primary
_____ 10th day prior to general
_____ 40th day after general
_____ Annual
X Monthly
_____ Amendment to prior report

4. All Committee Officers (including Chairperson, Treasurer, if any, and any other committee officers)

a. Name	b. Position	c. Address
Gil Dupré	Chairperson	17425 Jefferson Hwy, Suite C., Baton Rouge, LA 70817

5. Candidates or Propositions the Committee is Supporting or Opposing (use additional sheets if necessary)

a. Name & Address of Candidate/Description of Proposition	b. Office Sought	c. Political Party	d. Support/Oppo
See attachment			

6. Is the Committee supporting the entire ticket of a political party? _____ Yes X No If "yes", which party?

7. a. Name of Person Preparing Report
Gil Dupré

b. Daytime Telephone 225-756-3227

8. WE HEREBY CERTIFY that the information contained in this report and the attached schedules is true and correct to the best of our knowledge, information a belief, and that no expenditures have been made nor contributions received that have not been reported herein, and that no information required to be reported by Louisiana Campaign Finance Disclosure Act has been deliberately omitted.

This 10th day of May, 2011

Signature of Committee Chairperson

225-756-3227
Daytime Telephone

Signature of Committee Treasurer, if any

Daytime Telephone

Form 202, Rev. 3/98, Page Rev. 5/01

5. Candidates or Propositions the Committee is Supporting or Opposing (use additional sheets if necessary)

a. Name & Address of Candidate/Description of Proposition	b. Office Sought	c. Political Party	d. Support/Oppose
Jim Donelon P.O. Box 6993 Metairie, LA 70009	Commissioner of Insurance	Republican	Support
Kleckley PAC P.O. Box 4085 Lake Charles, LA 70606	N/A	N/A	N/A

SUMMARY PAGE

RECEIPTS	This Period
1. Contributions Received (Schedule A-1)	
2. In-kind Contributions Received (Schedule A-2)	
3. Campaign paraphernalia sales of $25 *or less*	
4. **TOTAL CONTRIBUTIONS** (Lines 1 + 2 +3)	
5. Other Receipts (Schedule A-3)	
6. Loans Received (Schedule B)	
7. Loan Repayments Received (Schedule D)	
8. **TOTAL RECEIPTS** (Lines 4 + 5 + 6 + 7)	

DISBURSEMENTS	This Period
9. General Expenditures (Schedule E-1)	
10. In-Kind Expenditures (Schedule E-2)	
11. Contributions made to Candidates (Schedule E-3)	$1,500.0
12. **TOTAL EXPENDITURES** (Lines 9 + 10 + 11)	
13. Other Disbursements (Schedule E-4)	
14. Loan Repayments Made (Schedule B)	
15. Funds Loaned (Schedule D)	
16. **TOTAL DISBURSEMENTS** (Lines 12 + 13 + 14 + 15)	$1,500.0

FINANCIAL SUMMARY	Amount
17. Funds on hand at beginning of reporting period (Must equal funds on hand at close from last report or -0- if first report for this committee)	$7,898.
18. *Plus* total receipts this period (*less* in-kind contributions received) (Line 8 above minus line 2 above)	
19. *Less* total disbursements this period (*less* in-kind expenditures) (Line 16 above minus line 10 above)	$1,500.
20. Funds on hand at close of reporting period	$6,398.

SCHEDULE E-3: CONTRIBUTIONS MADE TO CANDIDATES

The following information must be provided for direct contributions made to candidates or their campaign committees, during th reporting period, except for in-kind expenditures. All candidates listed on this schedule should also be listed on the Cover Page Item 5. Report all in-kind expenditures, including those made to candidates, on SCHEDULE E-2: IN-KIND EXPENDITURES. Tota and subtotals at bottom of the page are *optional*. Completion of totals and subtotals may assist in calculating totals that must l reported on the Summary Page.

1. Name and Address of Recipient Candidate	2. Contributions Made this Reporting Period a. Date(s)	b. Amount(s)
Jim Donelon P.O. Box 6993 Metairie, LA 70009	4/20/11	$500.(
Kleckley PAC P.O. Box 4085 Lake Charles, LA 70606	4/19/11	$1,000.(
3. SUBTOTAL (optional)		$1,500.
4. TOTAL (optional - complete only on last page of this schedule)		$1,500.