# 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
2325 Weymouth Drive, Suite M
Baton Rouge, LA 70809

OFFICE USE ONLY

PAC
Monthly
4/6

0403250

2. Date of Primary N/A

This report covers from March 1, 2004 through March 31, 2004

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 | 2325 Weymouth Drive, Suite M, Baton Rouge, LA 70809 |

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 |
|---|---|---|---|
| (See Attached) | | | |

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) 927-2774

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 and 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 the Louisiana Campaign Finance Disclosure Act has been deliberately omitted.

This 6th day of April, 2004.

Signature of Committee/Chairperson

225-927-2774
Daytime Telephone

Signature of Committee Treasurer, if any

Daytime Telephone

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 |
|---|---|---|---|
| Representative Taylor Townsend<br>137 St. Denis<br>Natchitoches, LA 71457 | State Representative | Democrat | Support |
| Representative Troy Hebert<br>Post Office Box 32<br>Jeanerette, LA 70544 | State Representative | Democrat | Support |

# SUMMARY PAGE

| RECEIPTS | This Period |
|---|---|
| 1. Contributions Received (Schedule A-1) | 0.00 |
| 2. In-kind Contributions Received (Schedule A-2) | 0.00 |
| 3. Campaign paraphernalia sales of $25 *or less* | 0.00 |
| 4. **TOTAL CONTRIBUTIONS** (Lines 1 + 2 +3) | 0.00 |
| 5. Other Receipts (Schedule A-3) | 0.00 |
| 6. Loans Received (Schedule B) | 0.00 |
| 7. Loan Repayments Received (Schedule D) | 0.00 |
| 8. **TOTAL RECEIPTS** (Lines 4 + 5 + 6 + 7) | 0.00 |

| DISBURSEMENTS | This Period |
|---|---|
| 9. General Expenditures (Schedule E-1) | 0.00 |
| 10. In-Kind Expenditures (Schedule E-2) | 0.00 |
| 11. Contributions made to Candidates (Schedule E-3) | 500.00 |
| 12. **TOTAL EXPENDITURES** (Lines 9 + 10 + 11) | 500.00 |
| 13. Other Disbursements (Schedule E-4) | 0.00 |
| 14. Loan Repayments Made (Schedule B) | 0.00 |
| 15. Funds Loaned (Schedule D) | 0.00 |
| 16. **TOTAL DISBURSEMENTS** (Lines 12 + 13 + 14 + 15) | 500.00 |

| 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) | 7,783.79 |
| 18. *Plus* total receipts this period (*less* in-kind contributions received) (Line 8 above minus line 2 above) | 0.00 |
| 19. *Less* total disbursements this period (*less* in-kind expenditures) (Line 16 above minus line 10 above) | 500.00 |
| 20. Funds on hand at close of reporting period | 7,283.79 |

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## SCHEDULE A-1: CONTRIBUTIONS RECEIVED (other than In-Kind Contributions)

The following information must be provided for all contributions **received** by the committee during this reporting period, except for in-kind contributions, whether received from a political committee or some other person or entity. Contributions **made** by the committee are reported on SCHEDULE E-3: CONTRIBUTIONS MADE TO CANDIDATES. Information on in-kind contributions is reported on SCHEDULE A-2: IN-KIND CONTRIBUTIONS. In Column 1, check "yes" if the contributor is a political committee and "no" if not. For anonymous contributions, see SCHEDULE F. Totals and subtotals at bottom of the page are *optional*. Completion of totals and subtotals may assist in calculating totals that must be reported on the Summary Page.

| 1. Name and Address of Contributor | 2. Contributions this Reporting Period a. Date(s) | b. Amount(s) | 3. Total this Year |
|---|---|---|---|
| Gilsbar, Inc.<br>2100 Covington Centre<br>Covington, LA 70433<br>POLITICAL COMMITTEE? ____ YES __X__ NO | | | 500.00 |
| Health Associates<br>4637 Jamestown Avenue<br>Baton Rouge, LA 70808<br>POLITICAL COMMITTEE? ____ YES __X__ NO | | | 500.00 |
| Peoples Health Network<br>200 W. Esplanade Avenue, Suite 600<br>Kenner, LA 70065<br>POLITICAL COMMITTEE? ____ YES __X__ NO | | | 2,500.00 |
| POLITICAL COMMITTEE? ____ YES __X__ NO | | | |
| POLITICAL COMMITTEE? ____ YES __X__ NO | | | |
| POLITICAL COMMITTEE? ____ YES __X__ NO | | | |
| POLITICAL COMMITTEE? ____ YES __X__ NO | | | |
| 4. SUBTOTAL (this page) | | 0.00 | 3,500.00 |
| 5. TOTAL (complete only on last page of this schedule) | | 0.00 | 3,500.00 |

6. CONTRIBUTIONS FROM POLITICAL COMMITTEES ONLY:

SUBTOTAL (this page) 0.00 TOTAL (complete only on last page of this schedule) 0.00

# SCHEDULE E-3: CONTRIBUTIONS MADE TO CANDIDATES

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

| 1. Name and Address of Recipient Candidate | 2. Contributions Made this Reporting Period a. Date(s) | b. Amount(s) |
|---|---|---|
| Representative Taylor Townsend<br>137 St. Denis<br>Natchitoches, LA 71457 | 3/4/04 | 250.00 |
| Representative Troy Hebert<br>Post Office Box 32<br>Jeanerette, LA 70544 | 3/18/04 | 250.00 |
| | | |
| | | |
| | | |
| | | |
| | | |
| 3. SUBTOTAL (optional) | | $500.00 |
| 4. TOTAL (optional - complete only on last page of this schedule) | | $500.00 |

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