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

OFFICE USE ONLY

Pac
Monthly
5/5

0503392

2. Date of Primary N/A

This report covers from April 1, 2005 through April 30, 2005

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

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 3rd day of May, 2005.

Signature of Committee Chairperson

225-927-2774
Daytime Telephone

Signature of Committee Treasurer, if any

Daytime Telephone

2005 MAY -6 PM 1:48
RECEIVED

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

SUMMARY PAGE

RECEIPTS	This Period
1. Contributions Received (Schedule A-1)	4,750.00
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)	4,750.00
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)	4,750.00

DISBURSEMENTS	This Period
9. General Expenditures (Schedule E-1)	0.00
10. In-Kind Expenditures (Schedule E-2)	535.61
11. Contributions made to Candidates (Schedule E-3)	4,000.00
12. **TOTAL EXPENDITURES** (Lines 9 + 10 + 11)	4,535.61
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)	$4,535.61

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)	3,683.79
18. *Plus* total receipts this period (*less* in-kind contributions received) (Line 8 above minus line 2 above)	4,750.00
19. *Less* total disbursements this period (*less* in-kind expenditures) (Line 16 above minus line 10 above)	4535.61
20. Funds on hand at close of reporting period	3,898.18

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

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
Vantage Health Plan 909 North 18th Street, Suite 201 Monroe, LA 71201 POLITICAL COMMITTEE? ____ YES __X__ NO			100.00
Humana Health Benefits Plan One Galleria Blvd., Suite 850 Metairie, LA 70001 POLITICAL COMMITTEE? ____ YES __X__ NO			1,000.00
Blue Cross and Blue Shield 5525 Reitz Avenue Baton Rouge, LA 70809 POLITICAL COMMITTEE? ____ YES __X__ NO			$500.00
Health Associates, LLC 4637 Jamestown Ave. Baton Rouge, LA 70808 POLITICAL COMMITTEE? ____ YES __X__ NO	4/6/05	250.00	
Peoples Health Network 200 West Esplanade Ave. Suite 600 Kenner, LA 70065 POLITICAL COMMITTEE? ____ YES __X__ NO	4/14/05	2,500.00	
Aetna 11675 Great Oaks Way Alpharetta, GA 30022 POLITICAL COMMITTEE? ____ YES __X__ NO	4/20/05	1,000.00	
MultiPlan 2140 8th Street Mandeville, LA 70471 POLITICAL COMMITTEE? ____ YES __X__ NO	4/28/05	1,000.00	
4. SUBTOTAL (this page)		$4,750.00	$1,600.00
5. TOTAL (complete only on last page of this schedule)		$4,750.00	$6,350.00

6. CONTRIBUTIONS FROM POLITICAL COMMITTEES ONLY:

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

SCHEDULE E-2: IN-KIND EXPENDITURES

The following information must be provided for all in-kind expenditures made by the committee, during this reporting period. If the expenditure directly benefited a particular candidate(s), list the candidate(s)' name under Item 1. In-kind contributions received by the committee are reported on SCHEDULE A-2: IN-KIND CONTRIBUTIONS RECEIVED. In Column 1, give the name and address of the recipient of the expenditure, and also give the name or names of all candidates on whose behalf the expenditure was made if it was made on behalf of a candidate or candidates. 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	2. In-Kind Expenditures Made this Reporting Period a. Date(s)	b. Purpose(s)	c. Amount(s)
City Club of Baton Rouge P.O. Box 2586 Baton Rouge, LA 70821 Candidate Beneficiaries:	4/18/05	Fundraiser Reception for Representative Karen Carter	535.61
Candidate Beneficiaries:			
Candidate Beneficiaries:			
Candidate Beneficiaries:			
Candidate Beneficiaries:			
Candidate Beneficiaries:			
Candidate Beneficiaries:			
3. SUBTOTAL (optional)			$535.61
4. TOTAL (optional - complete *only* on last page of this schedule)			$535.61

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)
Rep. Donald Cravins 707 North Main Street Opelousas, LA 70570	4/3/05	250.00
Rep. Troy Hebert P.O. Box 32 Jeanerette, LA 70544	4/5/05	250.00
Sen. Don Hines P.O. Box 262 Bunkie, LA 71322	4/3/05	250.00
Sen. Joe McPherson 5123 Masonic Drive Alexandria, LA 71301	4/5/05	500.00
Rep. Joe Salter P.O. Box 176 Florien, LA 71429	4/5/05	500.00
Rep. Michael Jackson 660 North Foster, Suite 214-A Baton Rouge, LA 70806	4/21/05	500.00
Sen. Sherri Smith Cheek 9973 Mansfield Road Keithville, LA 71047	4/18/05	500.00
Rep. Steve Scalise P.O. Box 10595 Jefferson, LA 70181	4/13/05	250.00
Sen. James David Cain P.O. Box 640 Dry Creek, LA 70637	4/13/05	500.00
Sen. Ken Hollis 2800 Veterans Boulevard Suite 365 Metairie, LA 70002	4/20/05	500.00
3. SUBTOTAL (optional)		$4,000.00
4. TOTAL (optional - complete only on last page of this schedule)		$4,000.00

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
Rep. Donald Cravins 200 W. Pine Street Opelousas, LA 70501	House of Rep.	Democrat	Support
Rep. Troy Hebert P.O. Box 32 Jeanerette, LA 70544	State Senate	Democrat	Support
Sen. Don Hines P.O. Box 262 Bunkie, LA 71322	State Senate	Democrat	Support
Sen. Joe McPherson 5123 Masonic Drive Alexandria, LA 71301	State Senate	Democrat	Support
Rep. Joe Salter P.O. Box 176 Florien, LA 71429	House of Rep.	Democrat	Support
Rep. Michael Jackson 660 North Foster, Suite 214-A Baton Rouge, LA 70806	House of Rep.	Democrat	Support
Sen. Sherri Smith Cheek 9973 Mansfield Road Keithville, LA 71047	State Senate	Republican	Support
Rep. Steve Scalise P.O. Box 10595 Jefferson, LA 70181	House of Rep.	Republican	Support
Sen. James David Cain P.O. Box 640 Dry Creek, LA 70637	State Senate	Republican	Support
Sen. Ken Hollis 2800 Veterans Blvd. Suite 365 Metairie, LA 70002	State Senate	Republican	Support