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
9467 Brookline Avenue
Baton Rouge, LA 70809

DFFICE USE ONLY

PAC
Monthly
2/10

0601009

2. Date of Primary N/A

This report covers from January 1, 2006 through January 31, 2006

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	9467 Brookline Avenue, 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 10th day of February 2006

Signature of Committee/Chairperson

225-927-2774
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/Opposes
Julie Quinn Campaign Fund P.O. Box 9565 Metairie, LA 70005	Senate	Republican	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)	100.00
14. Loan Repayments Made (Schedule B)	0.00
15. Funds Loaned (Schedule D)	0.00
16. **TOTAL DISBURSEMENTS** (Lines 12 + 13 + 14 + 15)	$600.00

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)	5,648.18
18. *Plus* total receipts this period (*less* in-kind contributions received) (Line 6 above minus line 2 above)	0.00
19. *Less* total disbursements this period (*less* in-kind expenditures) (Line 16 above minus line 10 above)	600.00
20. Funds on hand at close of reporting period	5,048.18

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

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)
Julie Quinn Campaign Fund P.O. Box 9565 Metairie, LA 70005	1/18/06	500.00
3. SUBTOTAL (optional)		$500.00
4. TOTAL (optional - complete only on last page of this schedule)		$500.00

SCHEDULE E-4: OTHER DISBURSEMENTS

This schedule is used to report those disbursements that are not "expenditures"; that is, monies paid by the committee that are not paid for the purpose of supporting, opposing or otherwise influencing the nomination or election of a candidate to public office or supporting or opposing a proposition or question submitted to the voters. Examples include the payment of taxes or the refund of contributions. Disbursements should be reported on this schedule only if they have not been reported elsewhere in this report. The explanation of the disbursement should state the reason the payment was made by the committee.

1. Name and Address of Recipient	2. Date	3. Explanation	4. Amount
Louisiana Board of Ethics Campaign Finance 2415 Quail Drive, Third Floor Baton Rouge, LA 70808	1/16/08	Annual Statement of Organization	$100.00
5. Total OTHER DISBURSEMENTS during this reporting period			$100.00