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

Pre Monthly 11/9

0710783

2. Date of Primary _____ N/A _____

This report covers from October 1, 2007 through October 31, 2007

3. Type of Report:

____ 180th day prior to primary	____ 40th day after general
____ 90th day prior to primary	____ Annual
____ 30th day prior to primary	X Monthly
____ 10th day prior to primary	
____ 10th day prior to general	____ 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/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 225-756-3227

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 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 9th day of November 2007

Signature of Committee Chairperson

225-756-3227
Daytime Telephone

Signature of Committee Treasurer, if any

Daytime Telephone

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SUMMARY PAGE

RECEIPTS	This Period
1. Contributions Received (Schedule A-1)	$3000.00
2. In-kind Contributions Received (Schedule A-2)	
3. Campaign paraphernalia sales of $25 *or less*	
4. **TOTAL CONTRIBUTIONS** (Lines 1 + 2 +3)	$3000.00
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)	$3000.00

DISBURSEMENTS	This Period
9. General Expenditures (Schedule E-1)	
10. In-Kind Expenditures (Schedule E-2)	
11. Contributions made to Candidates (Schedule E-3)	
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)	

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)	$6748.18
18. *Plus* total receipts this period (*less* in-kind contributions received) (Line 8 above minus line 2 above)	$3000.00
19. *Less* total disbursements this period (*less* in-kind expenditures) (Line 16 above minus line 10 above)	0.00
20. Funds on hand at close of reporting period	$9748.18

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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
UnitedHealthcare 3838 N. Causeway Blvd, #2600 Metairie, LA 70002 POLITICAL COMMITTEE? ____ YES ____ NO	10/17/07	$2000.00	$2000.00
Aetna 11675 Great Oaks Way Alpharetta, GA 30022 POLITICAL COMMITTEE? ____ YES ____ NO	10/9/07	$1000.00	$1000.00
POLITICAL COMMITTEE? ____ YES ____ NO			
POLITICAL COMMITTEE? ____ YES ____ NO			
POLITICAL COMMITTEE? ____ YES ____ NO			
POLITICAL COMMITTEE? ____ YES ____ NO			
POLITICAL COMMITTEE? ____ YES ____ NO			
4. SUBTOTAL (this page)			$3000.00
5. TOTAL (complete only on last page of this schedule)			$3000.00

6. CONTRIBUTIONS FROM POLITICAL COMMITTEES ONLY:

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

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