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 1/9

091-0035

2. Date of Primary _____ N/A _____

This report covers from December 1, 2008 through December 31, 2008

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/Oppose
Jim Donelon, P.O. Box 69936, Metairie, LA 70009	Insurance Commissioner		Support
Cheryl Gray, 1100 Poydras, New Orleans, LA 70163	Senate	Democrat	Support
Don Cravins, P.O. Box 2507, Opelousas, LA 70571	Senate	Democrat	Support

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 225-758-3227

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 10th day of January 9, 2009

Signature of Committee Chairperson

225-758-3227
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)	2,500.00
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)	2,500.00

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

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)	$12,398.18
18. *Plus* total receipts this period (*less* in-kind contributions received) (Line 8 above minus line 2 above)	2,500.00
19. *Less* total disbursements this period (*less* in-kind expenditures) (Line 16 above minus line 10 above)	$2,000.00
20. Funds on hand at close of reporting period	$12,898.18

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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
Humana Health Benefit Plan P.O. Box 740083 Louisville, KY 40201-7483 POLITICAL COMMITTEE? _____ YES _____ NO	12/1/08	$2,000.00	$2,000.00
POLITICAL COMMITTEE? _____ YES _____ NO			
POLITICAL COMMITTEE? _____ YES _____ NO			
POLITICAL COMMITTEE? _____ YES _____ NO			
POLITICAL COMMITTEE? _____ YES _____ NO			
POLITICAL COMMITTEE? _____ YES _____ NO			
POLITICAL COMMITTEE? _____ YES _____ NO			
4. SUBTOTAL (this page)		$	$2,000.00
5. TOTAL (complete only on last page of this schedule)		$	$2,000.00

6. CONTRIBUTIONS FROM POLITICAL COMMITTEES ONLY:

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

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SCHEDULE A-3: OTHER RECEIPTS

This schedule is used to report those receipts that are not "contributions"; that is, monies received by the committee that are not paid to it for the purpose of supporting, opposing or otherwise influencing the nomination or election of candidates to public office or supporting or opposing propositions or questions submitted to the voters. Examples include interest or investment income. **Receipts should be reported on this schedule only if they have not been reported elsewhere in this report.** The explanation of the receipt should state the reason the payment was made to the committee.

1. Name and Address of Source	2. Explanation	3. Date	4. Amount
LAHP PAC	Redeposited funds from Bobby Jindal Campaign – Check never cashed	12/15/08	$500.00
4. Total OTHER RECEIPTS during this reporting period			**$500.00**

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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)
Jim Donelon P.O. Box 6993 Metairie, LA 70009	1,000.00	1,000.00
Don Cravins P.O. Box 2507 Opelousas, LA 70571	500.00	500.00
Cheryl Gray 1100 Poydras St New Orleans, LA 70163	500.00	500.00
3. SUBTOTAL (optional)		2,000.00
4. TOTAL (optional - complete only on last page of this schedule)		2,000.00

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