24038534409

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER
2004 OCT 12 A 9:59
Office Use Only

1. NAME OF COMMITTEE (in full) — TYPE OR PRINT ▼ — Example: If typing, type over the lines. 22FE4M5

OXFORD HEALTH PLANS INC COMMITTEE FOR QUALITY HEALTH CARE

ADDRESS (number and street) ▼

Check if different than previously reported. (ACC)

48 MONROE TURNPIKE

TRUMBULL | CT | 06611-

CITY ▲ | STATE ▲ | ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼ C00305177

3. IS THIS REPORT [X] NEW (N) OR [ ] AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- [ ] April 15 Quarterly Report (Q1)
- [ ] July 15 Quarterly Report (Q2)
- [X] October 15 Quarterly Report (Q3)
- [ ] January 31 Year-End Report (YE)
- [ ] July 31 Mid-Year Report (Non-election Year Only) (MY)
- [ ] Termination Report (TER)

(b) Monthly Report Due On:

[ ] Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	[ ] Nov 20 (M11) (Non-Election Year Only)
[ ] Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	[ ] Dec 20 (M12) (Non-Election Year Only)
[ ] Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	[ ] Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: [ ] Primary (12P) [ ] General (12G) [ ] Runoff (12R) [ ] Convention (12C) [ ] Special (12S)

Election on ____ in the State of ____

(d) 30-Day POST-Election Report for the: [ ] General (30G) [ ] Runoff (30R) [ ] Special (30S)

Election on ____ in the State of ____

5. Covering Period 07 01 2004 through 09 30 2004

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: ROBERT N. DEUTSCH

Signature of Treasurer: [signature] Date 10 06 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							

FEC FORM 3X (Rev. 02/2003)

FE4AM245

24038534410

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Oxford Health Plans, Inc. Committee For Quality of Health Care C00305177

Report Covering the Period: From: 01 01 2004 To: 09 30 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004		3,283.43
(b) Cash on Hand at Beginning of Reporting Period	329.57	
(c) Total Receipts (from Line 19)	3,793.29	7,246.55
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	4,122.86	10,529.98
7. Total Disbursements (from Line 31)	3,326.85	9,733.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	796.01	796.01
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

24038534411

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Oxford Health Plans, Inc. Committee for Quality Health Care C00305177

Report Covering the Period: From: 07 01 2004 To: 09 30 2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	3,793.29	7,246.55
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	3,793.29	7,246.55
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	3,793.29	7,246.55
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)		
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶	3,793.29	7,246.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	3,793.29	7,246.55

FE4NEW

24038534412

Oxford Health Plans, Inc. Committee for Quality Health Care #C00305177

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	21,268.85	25,839.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	21,268.85	25,839.97
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,200.00	7,150.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	33,268.85	97,339.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	33,268.85	97,339.97

24038534413

Oxford Health Plans, Inc Committee for Quality Health Care #C00305177

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3,793.29	7,246.55
34. Total Contribution Refunds (from Line 26(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3,793.29	7,246.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	2,126.85	2,583.97
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	2,126.85	2,583.97

OXFORD HEALTH PLANS COMMITTEE FOR QUALITY HEALTH CARE
FEC # C00305177

SCHEDULE A ITEMIZED RECEIPTS

FOR LINE NUMBER
11(a) (i)

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of each receipt this Period	Aggregate Year-to-Date
Vincent Zuccarello 61 Chimney Ridge Road Sandy Hook, CT 06482	Oxford Health Plans, Inc.	8/12/2004	$ 100.00	$ 200.00
Paul Carr 99 Original drive Hamden, CT 06518	Oxford Health Plans, Inc.	8/12/2004	$ 80.00	$ 140.00
Sanford Cohen 28 Crescent Lane Levittown, NY 11756	Oxford Health Plans, Inc	8/12/2004	$ 150.00	$ 250.00
Paul Crossi 165 Mountain Brook Drive Cheshire, CT 06410	Oxford Health Plans, Inc.	8/12/2004	$ 150.00	$ 250.00
James Cronin, Jr. 148 Odell Road Swanzey, NH 03873	Oxford Health Plans, Inc.	8/12/2004	$ 200.00	$ 350.00
John Dalli 17 The Chase Head of the harbor, NY 11780	Oxford Health Plans, Inc.	8/12/2004	$ 63.33	$ 242.99
Antoinette Drew 31 Pine Tree Hill Road Newtown, CT 06470	Oxford Health Plans, Inc	5/7/2004	$ -	$ 24.00
Daniel J. Fitzgerald 98 Old Boston Road Wilton, CT 06897	Oxford Health Plans, Inc.	5/7/2004	$ -	$ 120.00
Terence S. Fitzgerald 26 Pasture lane Darien, CT 06820	Oxford Health Plans, Inc.	5/7/2004	$ -	$ 120.00
Siegfried Fleischer 19125 Autumn Woods Avenue Tampa, FL 33647	Oxford Health Plans, Inc.	5/7/2004	$ -	$ 80.00
Rodger Wenzel 949 Wood House Avenue Wallingford, CT 06492	Oxford Health Plans, Inc.	8/12/2004	$ 20.00	$ 140.00
Amy Tippett 951 Pembrewick Road # 921 Greenwich, CT 06831	Oxford Health Plans, Inc.	8/12/2004	$ 180.00	$ 280.00
Geoffrey Howe 501 Wildcat Hill Road Hamden, CT 06721	Oxford Health Plans, Inc.	5/7/2004	$ -	$ 120.00
Kristin Teuscher 18 Old Bethel Road Newtown, CT 06470	Oxford Health Plans, Inc.	5/7/2004	$ -	$ 90.00
Brendan Kerrigan 221 Linley Drive Fairfield, CT 06432	Oxford Health Plans, Inc.	5/7/2004	$ -	$ 155.88

OXFORD HEALTH PLANS COMMITTEE FOR QUALITY HEALTH CARE
FEC # C00305177

SCHEDULE A ITEMIZED RECEIPTS

FOR LINE NUMBER
11(a) (i)

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of each receipt this Period	Aggregate Year-to-Date
Deborah Lee 495 Mill Hill Terrace Southport, CT 06490	Oxford Health Plans, Inc.	5/12/2004	$ 130.00	$ 280.00
Patricia McKeon 121 Blue Hills Avenue Hamden, CT 06514	Oxford Health Plans, Inc.	5/7/2004	$ -	$ 12.00
Tini Meyer 37 Old Kings Highway Wilton, CT 06897	Oxford Health Plans, Inc.	5/7/2004	$ -	$ 57.72
William Meyers 14 Preston Street Rye, NY 10580	Oxford Health Plans, Inc.	8/12/2004	$ 20.00	$ 140.00
Patrick O'Brien 38 Barrington Drive Bedford, NH 03110	Oxford Health Plans, Inc.	8/12/2004	$ 80.00	$ 140.00
Paul Ramirez 28 Jade Tree Lane Trumbull, CT 06611	Oxford Health Plans, Inc.	8/12/2004	$ 160.00	$ 280.00
Sean Taheny 9 Vanning Place West Hills, NY 11743	Oxford Health Plans, Inc.	5/7/2004	$ -	$ 120.00
Patrick Ryan 157 Ripton Road Shelton, CT 06484	Oxford Health Plans, Inc.	8/12/2004	$ 61.60	$ 107.60
Sharon Scott 84 Lake Marie Lane Bedford Hills, NY 10507	Oxford Health Plans, Inc.	5/7/2004	$ -	$ 120.00
Darrell A. Farkus 15 White Oak Drive Asbury, NJ 08802	Oxford Health Plans, Inc.	3/11/2004	$ -	$ 1,000.00
Jeanne Rudell 212 Cascade Road Stamford, CT 06903	Oxford Health Plans, Inc.	6/12/2004	$ 307.68	$ 307.68
Roger Humphrey 31 Copeland Drive Hudson, NH 03051	Oxford Health Plans, Inc.	8/12/2004	$ 320.00	$ 320.00
Marc Kole 205 Meadows End Road Monroe, CT 06468	Oxford Health Plans, Inc.	8/12/2004	$ 85.00	$ 85.00
Jackie Selby 35 Maple Avenue North Westport, CT 06880	Oxford Health Plans, Inc.	5/12/2004	$ 307.68	$ 307.68
Gary Frazier 175 Scenic Court Cheshire, CT 06410	Oxford Health Plans, Inc.	8/12/2004	$ 640.00	$ 640.00

OXFORD HEALTH PLANS COMMITTEE FOR QUALITY HEALTH CARE
FEC # C00305177

SCHEDULE A ITEMIZED RECEIPTS

FOR LINE NUMBER
11(a) (i)

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of each receipt this Period	Aggregate Year-to-Date
Burton Orland 94 Compo Road North Westport, CT 06880	Oxford Health Plans, Inc.	8/12/2004	$ 320.00	$ 320.00
Jeffrey Aller 208 Emerson Street Port Jefferson, NY 11777	Oxford Health Plans, Inc.	8/12/2004	$ 928.00	$ 928.00
TOTAL RECEIPTS FROM INDIVIDUALS Line 11(a)(i)			$ 3,738.29	$ 7,246.66

OXFORD HEALTH PLANS COMMITTEE FOR QUALITY HEALTH CARE
FEC # C00606177

SCHEDULE B — ITEMIZED DISBURSEMENTS — FOR LINE NUMBER 21(b)

PURPOSE OF DISBURSEMENT — OTHER FEDERAL OPERATING EXPENDITURES

Full Name, Mailing Address and Zip Code	Disbursement for	Date (month day year)	Check #	Amount of Each Disbursement this Period
Gibbons, DeDeo, Dolan, Grillinger and Vecchione P.O. Box 827016 Philadelphia, PA 19182-7016	New Jersey OFC audit	8/17/2004	1103	$ 1,820.30
Oxford Health Plans, Inc. 48 Monroe Turnpike Trumbull, CT 06611	Reimbursement for administrative charges	9/28/2004	1106	305.55
TOTAL OTHER FEDERAL OPERATING EXPENSES	Line 21(b)			$ 2,125.85

OXFORD HEALTH PLANS COMMITTEE FOR QUALITY HEALTH CARE
FEC # C00305177

SCHEDULE B — ITEMIZED DISBURSEMENTS — FOR LINE NUMBER 23

PURPOSE OF DISBURSEMENT — CONTRIBUTIONS TO FEDERAL CANDIDATES

Full Name, Mailing Address and Zip Code	Disbursement for	Date (month, day, year)	Check #	Amount of Each Disbursement this Period
Lee PAC 2675 Townsview Road Suite 1000 Hampton, VA 23671		9/9/2004	1104	$ 1,000.00
New Jobs 102 West State Street Trenton, NJ 08608		9/22/2004	1105	$ 200.00
TOTAL DISBURSEMENTS TO COMMITTEES	Line 23			$ 1,200.00

24038534419

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

Date of Receipt

☐ Hand Delivered

Postmarked

☐ USPS First Class Mail

Postmarked (R/C)

☑ USPS Registered/Certified 10-6-04

Postmarked

☐ USPS Priority Mail

Delivery Confirmation ™ Label ☐

Postmarked

☐ USPS Express Mail

☐ Postmark Illegible

☐ No Postmark

Shipping Date

☐ Overnight Delivery Service (Specify):

Date of Receipt

☐ Received from House Records & Registration Office

Date of Receipt

☐ Received from Senate Public Records Office

Date of Receipt

☐ Received from Electronic Filing Office

Date of Receipt or Postmarked

☐ Other (Specify):

PREPARER

10-12-04
DATE PREPARED

(5/2004)