REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 JAN 13 A 11: 24

TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Magellan Health Services Employee Committee for Good Government

ADDRESS (number and street) ☐ Check if different than previously reported
Two Securities Centre, Suite 775, 3500 Piedmont Rd NE

CITY, STATE and ZIP CODE
Atlanta, Georgia 30326

2. FEC IDENTIFICATION NUMBER
C00247262

3. ☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
Qualified Prior to 1994

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☒ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____.

☐ Thirtieth day report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 11/30/99 through 12/31/99		
6. (a) Cash on Hand January 1, 19 99		$ $12,367.28
(b) Cash on Hand at Beginning of Reporting Period	$ $20,760.12	
(c) Total Receipts (from Line 19)	$ $4,275.22	$ $15,886.41
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ $25,035.34	$ $28,253.69
7. Total Disbursements (from Line 30)	$ $9.78	$ $3,228.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ $25,025.56	$ $25,025.56
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ $0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ $0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
James R. Bedenbaugh

Signature of Treasurer
J R Bedenbaugh

Date
January 6,1999

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

FEC FORM 3X
(revised 9/93)

4-00173

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: Magellan Health Services Employee Committee For Good Govt

REPORT COVERING PERIOD FROM: 11/30/99 TO: 12/31/99

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:	$2,947.66	$8,546.24	
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)			11(a)(i)
ii. Unitemized	$1,327.56	$7,340.17	11(a)(ii)
iii. Total (add i and ii) ➤	$4,275.22	$15,886.41	11(a)(iii)
b. Political Party Committees	$0.00	$0.00	11(b)
c. Other Political Committees (such as PACs)	$0.00	$0.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	$4,275.22	$15,886.41	11(d)
12. Transfers From Affiliated/Other Party Committees	$0.00	$0.00	12
13. All Loans Received	$0.00	$0.00	13
14. Loan Repayments Received	$0.00	$0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	$0.00	$0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	$0.00	$0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	$0.00	$0.00	17
18. Transfers from Nonfederal Account for Joint Activity	$0.00	$0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	$4,275.22	$15,886.41	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	$4,275.22	$15,886.41	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)	$0.00	$0.00	21(a)(i)
i. Federal Share	$0.00	$0.00	21(a)(ii)
ii. Non-Federal Share	$9.78	$128.13	21(b)
b. Other Federal Operating Expenditures	$9.78	$128.13	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	$0.00	$0.00	22
22. Transfers to Affiliated/Other Party Committees	$0.00	$0.00	23
23. Contributions to Federal Candidates/Committees and Other Political Committees	$0.00	$0.00	24
24. Independent Expenditures (use Schedule E)	$0.00	$0.00	25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	$0.00	$0.00	26
26. Loan Repayments Made	$0.00	$0.00	27
27. Loans Made	$0.00		
28. Refunds of Contributions To:			28(a)
a. Individuals/Persons Other Than Political Committees	$0.00	$0.00	28(b)
b. Political Party Committees	$0.00	$0.00	28(c)
c. Other Political Committees (such as PACs)	$0.00	$0.00	28(d)
d. Total Contribution Refunds (add a, b and c) ➤	$0.00	$2,100.00	29
29. Other Disbursements	$9.78	$3,228.13	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	$9.78	$3,228.13	31
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	$4,275.22	$15,886.41	32
33. Total Contribution Refunds (from line 29d)	$0.00	$0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	$4,275.22	$15,886.41	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	$9.78	$128.13	35
36. Offsets to Operating Expenditures (from line 15)	$0.00	$0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	$9.78	$128.13	37

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11(a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
Magellan Health Services Employee Committee for Good Government

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Catherine Gross c/o Magellan Health Svc, Inc. 6950 Columbia Gateway Drive, Ste 400 Columbia, Maryland 21046 Receipt For: [ ] Primary [ ] General [X] Other (specify): General Contribution	Magellan Behavioral Health 6950 Columbia Gateway Dr Ste 400 Columbia, MD 21046 Occupation: EVP & CIO Aggregate Year-to-Date $ $243.72	12/29/99	$243.72
B. Henry Harbin c/o Magellan Health Services, Inc. 6950 Columbia Gateway Dr. Suite 400 Columbia, Maryland 21046 Receipt For: [ ] Primary [ ] General [X] Other (specify): General Contribution	Magellan Health Svc., Inc 6950 Columbia Gateway Dr. Ste 400 Columbia, MD 21046 Occupation: CEO Aggregate Year-to-Date $ $1,666.68	12/29/99	$1,111.12
C. Wayne Feest c/o Magellan Health Services, Inc. 6950 Columbia Gateway Dr. Suite 400 Columbia, Maryland 21046 Receipt For: [ ] Primary [ ] General [X] Other (specify): General Contribution	Magellan Behavioral Health 6950 Columbia Gateway Dr Ste 400 Columbia, MD 21046 Occupation: EVP Aggregate Year-to-Date $ $555.60	12/29/99	$222.24
D. William Whitaker c/o Magellan Health Services, Inc. 6950 Columbia Gateway Dr. Suite 400 Columbia, Maryland 21046 Receipt For: [ ] Primary [ ] General [X] Other (specify): General Contributions	Magellan Behavioral Health 6950 Columbia Gateway Dr Ste 400 Columbia, MD 21046 Occupation: SVP, State Operations Aggregate Year-to-Date $ $333.36	12/29/99	$333.36
E. Thomas M. Bendoraitis c/o Magellan Health Services, Inc. 6950 Columbia Gateway Dr. Suite 400 Columbia, Maryland 21046 Receipt For: [ ] Primary [ ] General [X] Other (specify): General Contribution	Magellan Behavioral Health 6950 Columbia Gateway Dr Ste 400 Columbia, MD 21046 Occupation: CFO Aggregate Year-to-Date $ $230.70	12/29/99	$230.70
F. Margaret Decarlis c/o Magellan Health Services, Inc. 6950 Columbia Gateway Dr. Suite 400 Columbia, Maryland 21046 Receipt For: [ ] Primary [ ] General [X] Other (specify): General Contribution	Magellan Behavioral Health 6950 Columbia Gateway Dr Ste 400 Columbia, MD 21046 Occupation: SVP, State Operations Aggregate Year-to-Date $ $206.40	12/29/99	$206.40
G. Charles Kanach c/o Magellan Health Services, Inc. 6950 Columbia Gateway Dr. Suite 400 Columbia, Maryland 21046 Receipt For: [ ] Primary [ ] General [X] Other (specify): General Contribution	Magellan Behavioral Health 6950 Columbia Gateway Dr Ste 400 Columbia, MD 21046 Occupation: EVP, Corporate Operations Aggregate Year-to-Date $ $200.04	12/29/99	$200.04

SUBTOTAL of Receipts This Page (optional) $2,547.58

TOTAL This Period (last page this line number only)

4-00172

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)
Magellan Health Services Employee Committee for Good Government

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Linda Weaver c/o Magellan Health Services, Inc. 6950 Columbia Gateway Dr Suite 400 Columbia, Maryland 21046 Receipt For: ☐ Primary ☐ General ☒ Other (specify): General Contribution	Magellan Behavioral Health 6950 Columbia Gateway Dr Ste 400 Columbia, MD 21046 Occupation: SVP, Clinical Operations Aggregate Year-to-Date > $	12/29/99 $200.04	$200.04
B. Gordon Katz c/o Magellan Health Services, Inc. 6950 Columbia Gateway Dr Suite 400 Columbia, Maryland 21046 Receipt For: ☐ Primary ☐ General ☒ Other (specify): General Contribution	Magellan Specialty Health 200 SW 117th Ter, #106 Pembroke Pines, FL 33025 Occupation: CFO Aggregate Year-to-Date > $	12/29/99 $200.04	$200.04
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) $400.08

TOTAL This Period (last page this line number only) $2,947.66

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 21.b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Magellan Health Services Employee Committee for Good Government

A. Full Name, Mailing Address and ZIP Code Nations Bank, N.A. (South) P.O. Box 4899 Atlanta, Georgia 30302-4899	**Purpose of Disbursement** Disbursement for: ☐ Primary ☐ General ☒ Other (specify) Net Svc Charge	**Date (month, day, year)** 12/14/9999	**Amount of Each Disbursement This Period** $9.78
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement** Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement** Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement** Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement** Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement** Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement** Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement** Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement** Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	**Date (month, day, year)**	**Amount of Each Disbursement This Period**

SUBTOTAL of Disbursements This Page (optional) $9.78

TOTAL This Period (last page this line number only) $9.78

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 1-11-00
☐	No Postmark	
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☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

Jm ji — PREPARER

1-13-00 — DATE PREPARED

(4/98)