23038004664

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

2002 MAR 10 P 1:08
Office Use Only

1. NAME OF COMMITTEE (in full) — USE FEC MAILING LABEL OR TYPE OR PRINT ▼ — Example: If typing, type over the lines. 12FE4M5

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-

2. FEC IDENTIFICATION NUMBER ▼ — CITY ▲ — STATE ▲ — ZIP CODE ▲

C00365177

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:
- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- 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: X General (30G) Runoff (30R) Special (30S)
Election on 11 05 2002 in the State of CT

5. Covering Period 10 01 2002 through 11 25 2002

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. DELLACORTE

Signature of Treasurer [signature] Date 02 28 2003

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 (Revised 1/01)

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SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

Owens Health Care, Inc. Committee for Quality Health Care C00305177

Report Covering the Period: From: 10 01 2002 To: 11 25 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2002		9,157.06
(b) Cash on Hand at Beginning of Reporting Period	4,068.48	
(c) Total Receipts (from Line 16)	1,562.49	18,552.37
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	5,630.97	27,709.45
7. Total Disbursements (from Line 30)	500.00	22,618.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5,130.97	5,130.97
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

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

23038004666

— AMENDED —

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

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

Report Covering the Period: From: 10 01 2002 To: 11 25 2002

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)	1,212.75	
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	1,212.75	18,004.14
(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 22, page 4) ▶	1,212.75	18,004.14
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 36, page 4)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	399.74	588.25
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ▶	1,562.49	18,592.39
20. Total Federal Receipts (subtract Line 18 from Line 19) ▶	1,562.49	18,592.39

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

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	50000	22,618.48
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) ▶	50000	22,618.48
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	50000	22,618.48

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	12,125	18,004.14
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	12,125	18,004.14
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶		
36. Offsets to Operating Expenditures (from Line 15, page 3)		
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶		

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 6
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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)
OXFORD HEALTH PLANS, INC. COMMITTEE FOR QUALITY HEALTH CARE C00305177

A.
Full Name (Last, First, Middle Initial): THE YALE CLUB OF NEW YORK
Mailing Address: 50 VANDERBILT AVE.
City: NEW YORK State: NY Zip Code: 10017
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: Primary ... General X Other (specify) ▼ SEE ATTACHED
Aggregate Year-to-Date ▼
Date of Receipt: 10 04 2002
Amount of Each Receipt this Period: 349.74

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: Primary ... General ... Other (specify) ▼
Aggregate Year-to-Date ▼
Date of Receipt:
Amount of Each Receipt this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: Primary ... General ... Other (specify) ▼
Aggregate Year-to-Date ▼
Date of Receipt:
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶ 349.74

TOTAL This Period (last page this line number only) ▶ 349.74

FEC Schedule A (Form 3X) (Revised 7/01)

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OXFORD HEALTH PLANS COMMITTEE FOR QUALITY HEALTH CARE
FEC # C00305177

SCHEDULE A REFUNDS OF CONTRIBUTIONS MADE TO FEDERAL CANDIDATES AND OTHER POLITICAL COMMITTEES

FOR LINE NUMBER 16

Full Name, Mailing Address and Zip Code	Explanation	Date (month, day, year)	Amount of each receipt this Period	Aggregate Year-to-Date
The Yale Club of New York 50 Vanderbilt Avenue New York, NY 10017	Refund of In-Kind Contribution on behalf of Sen. Robert Torricelli	10/4/2002	$ 349.74	$ 349.74
Jim McMullen Catering 1381 3rd Avenue, Suite 300 New York, NY 10021	Refund of In-Kind Contribution on behalf of Sen. Dean Skelos	9/27/2002		239.51
TOTAL REFUNDS	Line 16		$ 349.74	$ 588.25

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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 (R/C)
☐	No Postmark	
☑	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

Amp — PREPARER

03-10-03 — DATE PREPARED

(6/2000)