

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

Magellan Health Services, Inc. Employee Committee for Good Government

ADDRESS (number and street)

55 Nod Road

☐Check if different
than previously
reported. (ACC)

Avon

CT

06001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00247262

3. IS THIS
REPORT☐NEW
(N)

OR

☒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
Quarterly 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 (12G)

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

04

01

2008

through

06

30

2008

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

M. Robin Copeland-Carmon

Signature of Treasurer

Electronically Filed by M. Robin Copeland-Carmon

Date

02

27

2010

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. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 20

Write or Type Committee Name

Magellan Health Services, Inc. Employee Committee for Good Government

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 0 8

To:

M M
0 6D D
3 0Y Y Y Y
2 0 0 8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2008		87.64
(b) Cash on Hand at Beginning of Reporting Period	87.64	
(c) Total Receipts (from Line 19)	34575.00	34575.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	34662.64	34662.64
7. Total Disbursements (from Line 31)	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34662.64	34662.64
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	

☒ 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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 20

Write or Type Committee Name

Magellan Health Services, Inc. Employee Committee for Good Government

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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)	34575.00	34575.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	34575.00	34575.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	34575.00	34575.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	34575.00	34575.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	34575.00	34575.00

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

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.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	0.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	34575.00	34575.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34575.00	34575.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 / 20

(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)

Magellan Health Services, Inc. Employee Committee for Good Government

A.

Full Name (Last, First, Middle Initial)

Evon L. Bergey

Mailing Address 2527 Peachtree Drive

City

Perkasie

State

PA

Zip Code

18944

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.4104

Amount of Each Receipt this Period

250.00

General Contribution

B.

Full Name (Last, First, Middle Initial)

Tina M. Blasi

Mailing Address 9105 Charterhouse Road

City

Frederick

State

MD

Zip Code

21704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.4168

Amount of Each Receipt this Period

2500.00

General Contribution

C.

Full Name (Last, First, Middle Initial)

Chris A. Carson

Mailing Address 10261 N. Central Avenue

City

Phoenix

State

AZ

Zip Code

85020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.4158

Amount of Each Receipt this Period

1000.00

General Contribution

SUBTOTAL of Receipts This Page (optional)

3750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Magellan Health Services, Inc. Employee Committee for Good Government

A.

Full Name (Last, First, Middle Initial)

Debra Chaneski

Mailing Address 13 Ashbrook Drive

City

Edison

State

NJ

Zip Code

08820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation

General Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	5	/	2	0	0	8

Transaction ID: SA11AI.4103

Amount of Each Receipt this Period

250.00

General Contribution

B.

Full Name (Last, First, Middle Initial)

M. Robin Copeland-Carmon

Mailing Address 6950 Columbia Gateway Drive

City

Columbia

State

MD

Zip Code

21046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services,
Inc.

Occupation

Vice President, Treasury

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	0	8

Transaction ID: SA11AI.4106

Amount of Each Receipt this Period

250.00

General Contribution

C.

Full Name (Last, First, Middle Initial)

Mark E. Cowin

Mailing Address 407 E. Cross Street

City

Baltimore

State

MD

Zip Code

21230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation

Vice President, Real Estate

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	7	/	2	0	0	8

Transaction ID: SA11AI.4207

Amount of Each Receipt this Period

200.00

General Contribution

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Magellan Health Services, Inc. Employee Committee for Good Government

A.

Full Name (Last, First, Middle Initial)

Phyllis M. Crawford

Mailing Address 332 W. Northfield Road

City

Livingston

State

NJ

Zip Code

07039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation

Vice President Account Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.4210

Amount of Each Receipt this Period

200.00

General Contribution

B.

Full Name (Last, First, Middle Initial)

Andrew Cummings

Mailing Address 16 Butler Street

City

Cos Cob

State

CT

Zip Code

06807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation

Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.4160

Amount of Each Receipt this Period

1000.00

General Contribution

C.

Full Name (Last, First, Middle Initial)

Christopher DeLillo

Mailing Address 12935 Limberlook Drive

City

Carmel

State

IN

Zip Code

46033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation

Vice President Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.4111

Amount of Each Receipt this Period

250.00

General Contribution

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Magellan Health Services, Inc. Employee Committee for Good Government

A.

Full Name (Last, First, Middle Initial)

Michele D. Deverich

Mailing Address 14362 Cypress Island Court

City State Zip Code
Palm Beach Gardens FL 33410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation
Natl Vice President Radiology Networks

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.4113

Amount of Each Receipt this Period

300.00

General Contribution

B.

Full Name (Last, First, Middle Initial)

John J. DiBernardi, Jr.

Mailing Address 1440 Church Street NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.4115

Amount of Each Receipt this Period

300.00

General Contribution

C.

Full Name (Last, First, Middle Initial)

Joan V Discher

Mailing Address 4601 Crestmoor Drive

City State Zip Code
Des Moines IA 50310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.4099

Amount of Each Receipt this Period

250.00

General Contribution

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Magellan Health Services, Inc. Employee Committee for Good Government

A.

Full Name (Last, First, Middle Initial)

Karen T. Friedman

Mailing Address 321 N. Central Avenue

City

St. Louis

State

MO

Zip Code

63105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.4117

Amount of Each Receipt this Period

250.00

General Contribution

B.

Full Name (Last, First, Middle Initial)

Daniel N. Gregoire

Mailing Address 4 Kew Gardens

City

Farmington

State

CT

Zip Code

06032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.4170

Amount of Each Receipt this Period

2500.00

General Contribution

C.

Full Name (Last, First, Middle Initial)

Deborah A. Happ

Mailing Address 3205 Tearose Drive

City

Richardson

State

TX

Zip Code

75082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation

Vice President Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.4119

Amount of Each Receipt this Period

250.00

General Contribution

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Magellan Health Services, Inc. Employee Committee for Good Government

A.

Full Name (Last, First, Middle Initial)

Arthur S. Hennig

Mailing Address 13 Tallwood Road

City

Farmington

State

CT

Zip Code

06032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation

Vice President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	2	/	2	0	0	8

Transaction ID: SA11AI.4121

Amount of Each Receipt this Period

250.00

General Contribution

B.

Full Name (Last, First, Middle Initial)

Sandra M. Hittman

Mailing Address 8132 E. Fairmount Drive

City

Denver

State

CO

Zip Code

80230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation

Vice President Sales

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.4123

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Richard I. Kamins

Mailing Address 7119 S. Glencoe Court

City

Centennial

State

CO

Zip Code

80122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation

Chief Clinical Officer Public Sector

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	9	/	2	0	0	8

Transaction ID: SA11AI.4125

Amount of Each Receipt this Period

225.00

General Contribution

SUBTOTAL of Receipts This Page (optional)

725.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 12 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Magellan Health Services, Inc. Employee Committee for Good Government

A.

Full Name (Last, First, Middle Initial)

Andrew C. Knapp

Mailing Address 601 Pennsylvania Ave NW
9th Fl/South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.4127

Amount of Each Receipt this Period

250.00

General Contribution

B.

Full Name (Last, First, Middle Initial)

Anthony M. Kotin

Mailing Address 6 Andrew Drive

City State Zip Code
Canton CT 06019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.4172

Amount of Each Receipt this Period

1000.00

General Contribution

C.

Full Name (Last, First, Middle Initial)

Suzanne Kunis

Mailing Address 14 Hillside Drive

City State Zip Code
East Hanover NJ 07936

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation
Sr Vice President Health Plan Solution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.4174

Amount of Each Receipt this Period

2000.00

General Contribution

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 13 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Magellan Health Services, Inc. Employee Committee for Good Government

A.

Full Name (Last, First, Middle Initial)

Joanne M. Lawrence

Mailing Address 216 Nicole Court

City

Glen Carson

State

IL

Zip Code

62034

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation

Vice President Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.4131

Amount of Each Receipt this Period

250.00

General Contribution

B.

Full Name (Last, First, Middle Initial)

Frederick C. Lee

Mailing Address 8214 Robey Avenue

City

Annandale

State

VA

Zip Code

22003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation

Sr Vice President Employer Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.4176

Amount of Each Receipt this Period

1000.00

General Contribution

C.

Full Name (Last, First, Middle Initial)

Lori J. Leotta

Mailing Address 860 Madison Avenue

City

Bridgewater

State

NJ

Zip Code

08807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation

Chief Clinical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.4133

Amount of Each Receipt this Period

250.00

General Contribution

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 14 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Magellan Health Services, Inc. Employee Committee for Good Government

A.

Full Name (Last, First, Middle Initial)

Rene Lerer

Mailing Address 29 Saint Andrews Drive

City

Avon

State

CT

Zip Code

06001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.4185

Amount of Each Receipt this Period

5000.00

General Contribution

B.

Full Name (Last, First, Middle Initial)

Caskie R. Lewis-Clapper

Mailing Address 35 Tyler Court

City

Avon

State

CT

Zip Code

06001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation
Chief Human Resource Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.4178

Amount of Each Receipt this Period

2500.00

General Contribution

C.

Full Name (Last, First, Middle Initial)

Marsha S. Marsh

Mailing Address 7462 Cornell Ave.

City

Saint Louis

State

MO

Zip Code

63130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.4303

Amount of Each Receipt this Period

250.00

General contribution

SUBTOTAL of Receipts This Page (optional)

7750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 15 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Magellan Health Services, Inc. Employee Committee for Good Government

A.

Full Name (Last, First, Middle Initial)

Anne M. McCabe

Mailing Address 226 Nelson Avenue

City

Saratoga Springs

State

NY

Zip Code

12866

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation

Sr Vice President Public Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.4181

Amount of Each Receipt this Period

2500.00

General Contribution

B.

Full Name (Last, First, Middle Initial)

Timothy A. McIntyre

Mailing Address 45 High Valley

City

Chesterfield

State

MO

Zip Code

63017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation

Vice President Service Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.4209

Amount of Each Receipt this Period

100.00

General Contribution

C.

Full Name (Last, First, Middle Initial)

Micheal P. McQuillen

Mailing Address 7727 Crossover Drive

City

McLean

State

VA

Zip Code

22102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.4137

Amount of Each Receipt this Period

250.00

General Contribution

SUBTOTAL of Receipts This Page (optional)

2850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 16 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Magellan Health Services, Inc. Employee Committee for Good Government

A.

Full Name (Last, First, Middle Initial)

Lee E. Meiss

Mailing Address 5268 Navajo Way

City

Carmel

State

IN

Zip Code

46033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation

Vice President Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.4139

Amount of Each Receipt this Period

250.00

General Contribution

B.

Full Name (Last, First, Middle Initial)

Linton C. Newlin

Mailing Address 1820 Oxford Drive

City

Cullman

State

AL

Zip Code

35057

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation

Sr. Vice President Taxes

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.4162

Amount of Each Receipt this Period

1000.00

General Contribution

C.

Full Name (Last, First, Middle Initial)

Russell C. Petrella

Mailing Address 59 West Hill Drive

City

West Hartford

State

CT

Zip Code

06119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation

President Magellan Behavioral Health

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.4183

Amount of Each Receipt this Period

2500.00

General Contribution

SUBTOTAL of Receipts This Page (optional)

3750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 17 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Magellan Health Services, Inc. Employee Committee for Good Government

A.

Full Name (Last, First, Middle Initial)

William Reidenbaugh

Mailing Address 31001 Floralview Drive S
Apt 208

City State Zip Code
Farmington Hills MI 48331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation
General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.4141

Amount of Each Receipt this Period

250.00

General Manager

B.

Full Name (Last, First, Middle Initial)

Randy R. Roffers

Mailing Address 13648 Budworth Circle

City State Zip Code
Orlando FL 32832-6114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation
Vice President Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.4143

Amount of Each Receipt this Period

250.00

General Contribution

C.

Full Name (Last, First, Middle Initial)

Carlos P. Ruiz

Mailing Address 641 Old Hickory Blvd
#41

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation
CMC General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.4145

Amount of Each Receipt this Period

500.00

General Contribution

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 18 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Magellan Health Services, Inc. Employee Committee for Good Government

A.

Full Name (Last, First, Middle Initial)

Gregory S. Saunders

Mailing Address 3056 Chestnut Street NW

City

Washington

State

DC

Zip Code

20015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.4148

Amount of Each Receipt this Period

250.00

General Contribution

B.

Full Name (Last, First, Middle Initial)

Lee W. Tuveson

Mailing Address 2132 Bates Road

City

Dardenne Praire

State

MO

Zip Code

63368

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation
Vice President Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.4152

Amount of Each Receipt this Period

250.00

General Contribution

C.

Full Name (Last, First, Middle Initial)

Moya L. Verzhbinsky

Mailing Address 440 Grove Street
Flat B

City

San Francisco

State

CA

Zip Code

94012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation
Vice President Strategy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.4154

Amount of Each Receipt this Period

250.00

General Contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 19 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Magellan Health Services, Inc. Employee Committee for Good Government

A.

Full Name (Last, First, Middle Initial)

Ernest A. Viscuso

Mailing Address 13 Cooperstown Court

City

Phoenix

State

MD

Zip Code

21131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation

Vice President Account Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.4189

Amount of Each Receipt this Period

250.00

General Contribution

B.

Full Name (Last, First, Middle Initial)

Robert M. Waters

Mailing Address 410 Bella Circle

City

Doylestown

State

PA

Zip Code

18901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation

Vice President Account Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.4156

Amount of Each Receipt this Period

1000.00

General Contribution

C.

Full Name (Last, First, Middle Initial)

Janice B. Williams

Mailing Address 3360 Carriage Crossing

City

St. Charles

State

MO

Zip Code

63301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation

Sr Vice President Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.4164

Amount of Each Receipt this Period

1000.00

General Contribution

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Magellan Health Services, Inc. Employee Committee for Good Government

A.

Full Name (Last, First, Middle Initial)

David J. Youell

Mailing Address 43 Stonemark Drive

City

Henderson

State

NV

Zip Code

89052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magellan Health Services

Occupation

Sr Vice President Health Plans

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	0	8

Transaction ID: SA11AI.4166

Amount of Each Receipt this Period

1000.00

General Contribution

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

34575.00