

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (to Full): Oxford Health Plans, Inc. Committee for Quality Healthcare

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Simler 16 Currier Ct. Cheshire, CT 06410	Oxford Health Plans, Inc.	8/3/96	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager Aggregate Year-to-Date > \$ 300.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bryan D. Birch 347 Lukes Wood Rd. New Canaan, CT 06840	Oxford Health Plans, Inc.	8/16/96	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO, Ct Region Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald R. Smith 81 Roton Ave. Rowayton, CT 06853	Oxford Health Plans, Inc.	8/20/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David B. Snow, Jr. 23 Cedar Gate Rd. Darien, CT 06820	Oxford Health Plans, Inc.	9/5/96	4,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Exec. Vice President Aggregate Year-to-Date > \$ 4,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cynthia S. Baldvins 15 Ingham Rd. Merrimack, NH 03054	Oxford Health Plans, Inc.	9/2/96	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager Aggregate Year-to-Date > \$ 300.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas R. Snyder 256 Wild Orchid Ct. Yardley, PA 19067	Oxford Health Plans, Inc.	8/27/96	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Regional Director Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marianne Flanagan 42 Raafenberg Rd. N. Tarrytown, NY 10591	Oxford Health Plans, Inc.	9/4/96	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional) 7,100.00

TOTAL This Period (last page this line number only)