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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

OXFORD HEALTH PLANS, INC COMMITTEE FOR  
QUALITY HEALTH CARE

ADDRESS (number and street)

48 MONROE TURNPIKE

(Check if address is changed)

TRUMBULL

CT

06611

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

203-459-4688

2. DATE

01 09 2006

3. FEC IDENTIFICATION NUMBER ▶

C00305177

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer

ROBERT N. DELLA CORTE

Signature of Treasurer

*Robert N. Della Corte*

Date

01 09 2006

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

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OXFORD HEALTH PLANS COMMITTEE FOR QUALITY HEALTH CARE

FEC Form 1 (Revised 02/2003)

# C00305177

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5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

UNITED HEALTH GROUP INC POLITICAL FUND

Mailing Address 9900 BREN ROAD EAST

MINNETONKA MIN 55343

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship AFFILIATED COMMITTEE

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

2603894333

5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

(d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

GOLDEN RUGE FINANCIAL CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 17440 WOODLAND DRIVE

INDIANAPOLIS IN 46278-

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship AFFILIATED COMMITTEE

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

26038943834

5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation

Office Sought:  House  Senate  President

State

District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

PACIFIC ARE HEALTH SYSTEMS INC EMPLOYEES  
 POLITICAL ACTION COMMITTEE

Mailing Address

15995 PLAZA DRIVE M/S, CY20-536

\_\_\_\_\_

CYPRUS CA 90630-

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

AFFILIATED COMMITTEE

Type of Connected Organization:



Corporation



Corporation w/o Capital Stock



Labor Organization



Membership Organization



Trade Association



Cooperative

26058943835

Write or Type Committee Name

OXFORD HEALTH PLANS COMMITTEE FOR QUALITY HEALTH CARE #C 00305177

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name ROBERT N DELLACORTE

Mailing Address 48 MONROE TURNPIKE  
TRUMBULL CT 06611

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
TREASURER Telephone number 203-459-7424

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer ROBERT N DELLACORTE

Mailing Address 48 MONROE TURNPIKE  
TRUMBULL CT 06611

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
TREASURER Telephone number 203-459-7424

Full Name of Designated Agent TIMOTHY MEYER

Mailing Address 48 MONROE TURNPIKE  
TRUMBULL CT 06611

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
V.P. GOVT. RELATIONS Telephone number 203-459-7271

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OXFORD HEALTH PLANS COMMITTEE FOR QUALITY HEALTH CARE

FEC Form 1 (Revised 02/2003)

#C00305177

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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

JP MORGAN CHASE

Mailing Address

12 CORPORATE PARK DRIVE

SUITE 730

SHELTON CT 06484-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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

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<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify):  <i>JAS</i>	Shipping Date <i>1/9/06</i>
	Next Business Day Delivery <input checked="" type="checkbox"/>
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*[Signature]*  
 PREPARER  
 (3/2005)

*1/11/06*  
 DATE PREPARED

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