

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

HEALTH PARTNERS PLANS, INC POLITICAL ACTION
COMMITTEE

ADDRESS (number and street)

(Check if address
is changed)

CITY ▲

STATE ▲

_____ - _____

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

jododi@hplplans.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

2. DATE

MM / DD / YYYY

3. FEC IDENTIFICATION NUMBER ▶

100484246

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

JOE DODI

Signature of Treasurer

Joe Jodi

Date

08 / 06 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
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Only

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

FEC FORM 1
(Revised 06/2012)

CONVINCING THE NATION

08/06/2019

US POSTAGE \$000.50



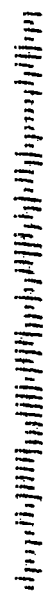
Health Partners Plans
901 Market Street, Suite 500
Philadelphia, PA 19107-4496

ZIP 19107
011D12604144




FEC
ATTN: Colleen Lucas
1050 First St NE
Washington DC 20463

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HONORABLE AND INDEPENDENT