

# HP HEALTH PARTNERS

*In Wellness and Health, Partners for Life.*

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May 26, 2010

Federal Election Commission  
999 E Street, N.W.  
Washington, DC 20463

Dear Sirs:

Attached please find a Statement of Organization (Form 1) for the Health Partners of Philadelphia, Inc. Political Action Committee.

Please note that the committee would like to **re-register** with the Commission. Our previous FEC Identification Number was C00387043, and the committee filed a termination report for the period 1/01/2007 – 3/16/2007.

You may contact me at #215-991-4139 or [karmstrong@healthpart.com](mailto:karmstrong@healthpart.com) if you have any questions concerning this form.

Sincerely,



Karen Armstrong  
Treasurer

cc: Kearline McKellar-Jones  
Christine Lewis

10030342283

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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

Health Partners of Philadelphia, Inc. Political Action Committee

ADDRESS (number and street)

901 Market Street

Suite 500

Philadelphia

PA

19107

CITY

STATE

ZIP CODE

(Check if address  
is changed)

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

karmstrong@healthpart.com

(Check if address  
is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

2. DATE

05 / 26 / 2010

3. FEC IDENTIFICATION NUMBER

C

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

Karen Armstrong

Signature of Treasurer

*Karen Armstrong*

Date

05 / 26 / 2010

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 02/2009)

10030342284

5. TYPE OF COMMITTEE

Candidate Committee:

- (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 \_\_\_\_\_

Party Committee:

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

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
2. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
3. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
4. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

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Write or Type Committee Name

Health Partners of Philadelphia, Inc. Political Action Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Health Partners of Philadelphia, Inc.

Mailing Address 901 Market Street Suite 500 Philadelphia PA 19107 CITY STATE ZIP CODE

Relationship: [X] Connected Organization [ ] Affiliated Committee [ ] Joint Fundraising Representative [ ] Leadership PAC Sponsor

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 Karen Armstrong Mailing Address 901 Market Street Suite 500 Philadelphia PA 19107 Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 215-991-4139

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 Karen Armstrong Mailing Address 901 Market Street Suite 500 Philadelphia PA 19107 Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 215-991-4139

1003034286

Write or Type Committee Name

Health Partners of Philadelphia, Inc. Political Action Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Health Partners PAC

Mailing Address

901 Market Street

Suite 500

Philadelphia

PA

19107

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

10030342287

Full Name of Designated Agent

Eugene Diebold

Mailing Address

901 Market Street

Philadelphia PA 19107

CITY

STATE

ZIP CODE

Title or Position

Controller

Telephone number 215 - 991 - 4249

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.

TD Bank, N.A.

Mailing Address

6000 Atrium Way

Mt. Laurel NJ 08054

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Redacted]

Mailing Address

[Redacted]

[Redacted]

[Redacted]

CITY

STATE

ZIP CODE

10030342288

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*Jm*  
 PREPARER

*6/2/10*  
 DATE PREPARED

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