RECEIVED FEC MAIL CENTER 2017 DEC 18 AM 8: 27

November 20, 2017

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

Dear Sirs:

Attached please find the Report of Receipts and Disbursements (Form 3X) for the Health Partners of Philadelphia, Inc. Political Action Committee (FEC ID C00484246) for the period October 1, 2017 thru October 31, 2017. You may contact me at 215.991.4419 or radams@hpplans.com if you have any questions concerning this form.

Sincerely,

Ronnetta Adams

Treasurer

Health Partners Inc PAC

Sonnetta adams

2017-12-18-05-00182541

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2017 DE 61114-81 se \$1411 8: 27

FEC FORM 3X

Rev. 12/2004

								COLL DE Oute	Jse (C) fily (2)	27
1. NAME O	OF TEE (in full)	TYPE OR PF	RINT ▼		ample: If ty r the lines.	oing, type	12F	E4M5		L , 1
Health P	artners Of Phi	ladelphia,	Inc. Po	litical Acti	on Com	mittee		<u> </u>	111	
	1 1 1 1 1									
A <u>D</u> DRESS (n	umber and street)	901 Mar	ket Stre	et	111	<u>i. l l l</u>			_1_1	
▼ Cho	ck if different	Suite 50	0			<u> </u>		1 1 1 1 1	1.1.1.	
than	previously pred. (ACC)	Philadel	phia		1 1 1		PA L⊥	1910	7	
2. FEC IDE	ENTIFICATION NU	JMBER ▼		CITY 🛦			STATE	= A	ZIP CO	DE 🛦
C 00 ²	184246			3. IS THIS REPORT	X	NEW (N)	OR [AMENDEC)	
(Choose	OF REPORT One) rterly Reports: April 15 Quarterly Report (Counterly Report (Counte	(c) 1 (2)	n: Dn: Day PRE-Election Report for the				M6) [Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
	July 31 Mid-Year Report (Non-electio Year Only) (MY) Termination Report (TER)	n	30-Day POST-Electi Report for tl	ine)	General (3	0G)	الحجا	Runoff (30R)	in the State of	Special (30S)
5. Covering	Period (1)	Ď Ó1°		2017	through	(TM	10 /	31 20)17	
•	have examined th	•		•	wledge and	d belief it	is true, coi	rrect and compl	ete.	
Signature of	Name of Treasure	r _Ronne mnutl	etta Ada L Adi				Date	11	20	2017

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

FE6AN026

Office

Use

Only

2017 - 12 - 18 - 08 - 00182842 ·

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)		Page 2
Write or Type Committee Name Health Partners of Philadelphi	a, Inc. Political Action Committee	9
Report Covering the Period: From: 10	0 01 2017 To	o: 10 31 2017
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2017		4803.23
(b) Cash on Hand at Beginning of Reporting Period	7661.73	
(c) Total Receipts (from Line 19)	455.00	3313.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	8116.73	8116.73
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))	8116.73	8116.73
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
This committee has qualified as a multicar	ndidate committee. (see FEC FORM 1M)	
-	'au foutbau information contact.	

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026, -

2017 12:18:08:00182M4M

DETAILED SUMMARY PAGE

of Receipts

ipis

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name Health Partners Of Philadelphia, Inc. Political Action Committee

Re	eport Covering the Period: From:	0 01 2017 To	10 31 2017
	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)		
	(ii) Unitemized(iii) TOTAL (add Lines 11(a)(i) and (ii)	455.00	3313.50
	(b) Political Party Committees		
12.	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other Party Committees	455.00	3313.50
13.	All Loans Received	22.22	22
	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		
	Refunds of Contributions Made to Federal Candidates and Other Political Committees	beneard Description of Alberta Review of Branch (Alberta Review)	
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)		0.00
	(b) Levin Funds (from Schedule H5)	The state of 2 and and 2 and and 2 and and 2	and the second s
	(c) Total Transfers (add 18(a) and 18(b))		
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	455.00	3313.50
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	455.00	3313.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A	COLUMN B
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Total This Period	Calendar Year-to-Date
	(i) Federal Share		bereit and the boundary beautiful and a second
	(ii) Non-Federal Share		
	(b) Other Federal Operating		
	Expenditures	0.00	0.00
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	0.00	7 7 7 7 7 7 7 7 7 7 7 7
22.	Transfers to Affiliated/Other Party	The state of the s	
-0	Committees		
23.	Contributions to Federal Candidates/Committees and Other Political Committees	0,00	0.00
24.	Independent Expenditures		
25.	(use Schedule E)	77. 0. 27.	
	Loan Repayments Made		
27. 28.	Loans Made		
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)		Constitution Constitution of the section of the sec
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		
29.	Other Disbursements		
30.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	47 4 47 4 4 47	
	(ii) "Levin" Share		and and the Bland and Developed to Standard
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	Control Desired Control	word and the section of the section
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶		and the second s
04	Total Diaburaamenta (add Lines 01/a) 00		
31.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	n n co e n n n 0.00	0.00
	T T	Tanacama in terminal and the contract of the c	books books books allowed on books books
32.			
	(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)

Page 5

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)	455.00	3313.50
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)		
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)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00
en e	And the second of the second o	

3
6
n.
땋.
1.
萝
/
`
1
₹
4
-
1
8
Ö
7
_
0
⋾
5
0
¥
U
ĩ
4
8
×
4
7
-7
4
Ь
-

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF (check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements r or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) Health Partners of Philadelphia, II	l address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Mailing Address City State FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: -Primary General Other (specify) Other (specify)	Zip Code on te Year-to-Date ▼	Date of Receipt Amount of Each Receipt this Period
	Zip Code on te Year-to-Date ▼	Date of Receipt Amount of Each Receipt this Period
Primary General Other (specify) ▼	Zip Code Zip Code on te Year-to-Date ▼	Date of Receipt Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	•	Committee of the section of the sect

2 0 1 7
-
<u>1</u>
$\frac{1}{8}$
_
0 3
T-1
00182347

SCHEDULE B (FEC FORM 3X)	Line congrete only duly (2)	FOR LINE 1	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem	nents may not be sold or used	L <u>. </u>	
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) Health Partners of Philadelphia,	Inc. Political Action C	Committee	•
Full Name (Last, First, Middle Initial)			
Α.			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement	r		Amount of Each Disbursement this Period
Candidate Name		Category/	Amount of Each Dispursement this Period
Office Sought: House Disburser	nent For:	Туре	
Senate	Primary General Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Data of Dishursament
B			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement	T. Carrier		Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
	nent For: Primary General Other (specify) ▼	, ,,,,,	kinnennistennenntilaansiste käännestiläänimenälinnessä. Valtannis ^t iener suolinnessän silajannisian ona kit
State: District:	·		
Full Name (Last, First, Middle Initial) C.			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			
Candidate Name			Amount of Each Disbursement this Period
i	nent For: Primary General Other (specify) ▼	Туре	licenceallement described described and the constraint of the configuration of constitutions of the constitution of the consti
SUBTOTAL of Disbursements This Page (optional)			hara electrical and a state france lines of mare linear in a history in a state of the state of
TOTAL This Period (last page this line number only)			has been been free been free been free been been been been been been been b
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1) K R 150 K R 110 R 12 150 & 6



STATEMENT OF ACCOUNT

HEALTH PARTNERS OF PHILADELPHIA INC FEDERAL POLITICAL ACTION COMMITTEE 901 MARKET ST STE 500 PHILADELPHIA PA 19107

Page:	1 of 2
Statement Period:	Oct 01 2017-Oct 31 2017

NP Advantage Checking

HEALTH PARTNERS OF PHILADELPHIAINC FEDERAL POLITICAL ACTION COMMITTEE

ACCOUNT SUM	MARY		•	
Beginning Balance Deposits Ending Balance		7,661.73 455.00	Average Collected Balance Interest Earned This Period Interest Paid Year-to-Date	7,896.56 0.00 0.00 0.00% 31
		8,116.73	Annual Percentage Yield Earned Days in Period	
DAILY ACCOUN	T ACTIVITY			
Deposits POSTING DATE	DESCRIPTION			AMOUNT
10/16	DEPOSIT			455.00
			· Subtotal:	455.00
DAILY BALANCI	E SUMMARY			
DATE		BALANCE	DATE	BALANCE
09/30		7,661.73	10/16	8,116.73

How to Balance your Account

Begin by adjusting your account register 1. Your ending balance shown on this as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

- statement is:
- 2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
- 3. Subtotal by adding lines 1 and 2.
- 4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
- 5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

Ending Balance	8,116.73
Total + Deposits	· · · · · · · · · · · · · · · · · · ·
Sub Total	
Total - Withdrawals	·
6 Adjusted	

2 of 2

Page:

Balance

DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
		· · · ·
Total Deposits		2

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
		· · · · · · · · · · · · · · · · · · ·

 -
A

FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer, telephone the bank immediately at the phone number listed on the front of your

TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston, Maine 04243-1377

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
- A description of the error or transaction you are unsure about
- The dollar amount and date of the suspected error.

When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank

FOR CONSUMER LOAN ACCOUNTS ONLY - BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.





2017 DEC 18

Tederal Election Comme 999 E Street, N.W. Washington DC 20463

Anndaldamo or on an april of 500

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

The FEC added this page to the end of this filir	ng to indicate how it was received.
Hand Delivered	Date of Receipt
USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
,	Next Business Day Delivery
Received from House Records & Registration	Date of Receipt on Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
M	12/18/17
PREPARER (3/2015)	DATE PREPARED