2016 NOV 10 AM 9:41

October 20, 2016

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 August 1, 2016 thru August 31, 2016. 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

Ronnetta aclums

FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

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NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		ple: If typing the lines.	i, type	12FE4M	15 		
Health Partners Of	Philadelphia, Inc.	Political Actio	n Commi	ttee	<u> </u>			
					1 1 1 1			<u>i</u> 1
ADDRESS (number and stree	901 Market S	treet			1 1 1 1	<u> </u>		
•	Suite 500	1 1 1 1 1 1			1 1 1 1			
Check if different than previously reported. (ACC)	Philadelphia				PA	19107		1 1
2. FEC IDENTIFICATION	N NUMBER ▼	CITY 🛦			STATE A	2	ZIP CODE	A
C 00484246		3. IS THIS REPORT	X NE	_	11 71	AMENDED A)		
4. TYPE OF REPORT (Choose One)	Report	Feb 20 (M2)	M	ay 20 (M5)	☐ Aι	ug 20 (M8)	[[]] (N	OV 20 (M11) on-Election ar Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	المنط	n 20 (M6)	<u> </u>	ep 20 (M9)	D (N	ec 20 (M12) on-Election ar Only)
April 15 Quarterly Repo		Apr 20 (M4)	Ju	I 20 (M7)	لاعطا	ct 20 (M10)	Ja	an 31 (YE)
July 15	(C) 12-Day	P= 2)	rimary (12P)	<u></u>	Genera	al (12G)	Ru	unoff (12R)
Quarterly Repo	ort (Q2) Report (for the:	Convention (1	2C)	Specia	ıl (12S)		
Quarterly Report January 31 Year-End Report		Election on		D V D /	~~~~~~	8	in the State of	
July 31 Mid-Ye Report (Non-e Year Only) (M	ear (d) 30-Day	Election (General (30G)		Runoff	(30R)	[] Sr	pecial (30S)
Termination Re (TER)	eport (for the:	[M] / [D 4 D /			in the State of	
5. Covering Period	M09 / (01°) /	2016	through	09	´ [30	′ 201	6	
I certify that I have examine	ed this Report and to the	e best of my know	ledge and be	elief it is tru	e, correct a	and complet	e.	
Type or Print Name of Trea		\dams						
Signature of Treasurer	Bonnettal	adams	o and the same of	D	ate 10	20	0 / []	2016
NOTE: Submission of false,	erroneous, or incomplete i	nformation may sub	ject the perso	on signing th	is Report to	the penaltie	s of 2 U.S	.C. §437g.
Office Use Only							FORM ev. 12/2004	

2016: 11: 10: 0M: 00-18/161

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name Health Partners of Philade	Iphia, Inc. Political Action Committe	е
Report Covering the Period: From:	09	o: 09 / 30 / 2016
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		3112.68
(b) Cash on Hand at Beginning of Reporting Period	4191.73	
(c) Total Receipts (from Line 19)		2529.05
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	4191.73	5641.73
7. Total Disbursements (from Line 31)		1450.00
B. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4191.73	4191.73
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	and the state of t	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
This committee has qualified as a mu	ulticandidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	·
	Toll Free 800-424-9530 Local 202-694-1100	

NOTE: HO ON ODEHOUSE

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

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

(ii) Unitemized (iii) TOTAL (add Lines 11(d), and (ii) C. O.	R	eport Covering the Period: From:	9 01 2016 To	b: [U9] [30] [2016
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		I. Receipts		_
Than Political Committees (i) Itemized (use Schedule A)	11.			
(i) Itemized (use Schedule A). (ii) Uniternized. (iii) TOTAL (add Lines 11(a)(i) and (ii). (b) Political Party Committees. (c) Other Political Committees (such as PACs). (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5). 12. Transfers From Affiliated/Other Party Committees. 13. All Loan Repayments Received. 14. Loan Repayments Received. 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5). 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees. 17. Other Federal Receipts (Dividends, Interest, etc.). (b) Levin Funds (from Schedule H5) (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)) 20. Total Federal Receipts (subtract Line 18(c) from Line 19)			•	
(ii) Uniternized (iii) TOTAL (add Lines 11(a)(i) and (ii)		•	Constitution of the second	and the contract of the contra
(ii) TOTAL (add		(i) Itemized (use Schedule A)	<u> </u>	le melle sold be allowed benefit and benefit and benefit and benefit and
(iii) TOTAL (add		· (ii) Unitersized	0.00	2529 05
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(c) Other Political Committees (such as PACs). (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5). 12. Transfers from Affiliated/Other Party Committees. 13. All Loan Repayments Received. 14. Loan Repayments Received. 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5). 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees. 17. Other Federal Receipts (Dividends, Interest, etc.). (Dividends, Interest, etc.). (Dividends (a) Non-Federal Account (from Schedule H3). (b) Levin Funds (from Schedule H5). (c) Total Transfers (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 25.29.0 25.29.0 25.29.0 25.29.0		Lines Tr(a)(i) and (ii)	Activities 123 and 123 and 124	
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(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)		• •		
Totals to Line 33, page 5)				
12. Transfers From Affiliated/Other Party Committees		11(a)(iii), (b), and (c)) (Carry	American discounting and a series of the ser	Consideration of the section of the
Party Committees		Totals to Line 33, page 5)	0.00	2529.05
13. All Loans Received	12.	Transfers From Affiliated/Other	Reacht makes also also such a	landierrikandar Amaker Sardanikan kankan
13. All Loans Received		Party Committees		
14. Loan Repayments Received				
14. Loan Repayments Received	13.	All Loans Received	Anna Care (1) Sand (2) Sand (2) Sand (2) Sand (3) Sand (3	the many the many the sand Discover Francis Burney of 2 and the many through the sand the sand
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)				han in a familia melian in italian ilan almani barada and barada
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	14.	Loan Repayments Received		
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16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		(Refunds, Rebates, etc.)		
to Federal Candidates and Other Political Committees		(Carry Totals to Line 37, page 5)	8 5 72 5 8 47 8 4 62 5	
Political Committees	16.		the state of the s	Note of the Association of the Control of the Contr
17. Other Federal Receipts (Dividends, Interest, etc.)			Control of the second of the s	Samely and the same t
(Dividends, Interest, etc.)				
18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)	. 17.	•	Consideration and secretarion in section of the section of	
(a) Non-Federal Account (from Schedule H3)	40			
(from Schedule H3)	18.			
(b) Levin Funds (from Schedule H5)			The state of the s	Branco La Bras , age of principal of processes Evergence Emperior of traspect Principal of Programme Commence of the second of t
(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)) 20. Total Federal Receipts (subtract Line 18(c) from Line 19)		(non schedule 110)	1-0-1-03-1-0-0-03-6-0-1-03-6	
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(subtract Line 18(c) from Line 19)▶ 0.00	20.	Total Federal Receipts	Street	Bannan Darren Sara and against the sara sara and sarah
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			line all mortunes and the continue of the cont	Samuel Samuel Street Street Samuel Sa

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		
(ii) Non-Federal Share		3907
(b) Other Federal Operating	hard and hard and the standard of the standard	hadaalindibahadhadhadhadaalindaali
Expenditures	0.00	n F 423 5 5 525 n 0.00
(c) Total Operating Expenditures	per year from the property of the second	1 12 12 12 12 12 12 12 12 12 12 12 12 12
(add 21(a)(i), (a)(ii), and (b))	•	0,00
22. Transfers to Affiliated/Other Party	handle of iterath restand the subsection of the	
Committees	and the second s	Jan Francisco (2)
23. Contributions to Federal Candidates/Committees and Other Political Committees	0,00	200.00
24. Independent Expenditures	And the state of t	
(use Schedule E)	construction of 2 weeks a solution of 2 weeks a solution of the solution of th	ernan element vivant d'immedia no viden med dimendia media media media media media media mendia mendia mendia Processione in responsabilità mendian no processione in responsabilità media media media media media media medi
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26. Loan Repayments Made	Constituted in the colored based on the colored bas	
27. Loans Made		1 8 53 0 1 53 7 8 52 A
28. Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	The state of the s	Something and Describer of Describer of the Committee of
	And the section of th	Carrie all anguing from some the second to many the second to an all the second to an all the second to an art
(b) Political Party Committees		
(c) Other Political Committees	the second second presentation of the second se	
(such as PACs)	have the water at 12 hard beautiful to be and have from the same	Secure librarial de mais de la companya de la comp
(d) Total Contribution Refunds	Carrachile emilian similaramilam estimate dispensation estimate de la carrachile esta estimativa esta estimati	Created-managed and real dispersion of the control
(add Lines 28(a), (b), and (c))	•	777
(200 2000 20(2)) (2)/ 200 (2)/	hard and the desired and the second	
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20	D)) .	.*
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	handari addar handi barkar haiddar bar
	and the state of t	
(ii) "Levin" Share		Encodermediacol Development Service Commission of the Commission o
(b) Federal Election Activity Paid Entirely		
With Federal Funds (c) Total Federal Election Activity (add	Francisco de productivo de la constitución de la co	La calle color de la calle col
Lines 30(a)(i), 30(a)(ii) and 30(b))I		
	Constitution of Property Constitution of Const	Paradkanskandibenkandbankbandbankundiparabinalista.
31. Total Disbursements (add Lines 21(c), 22,	Care to reference the request fraggers of the requirement of the same fixed requirement of the result of the re	Andrewski in the second statement of the second
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	200.00
	lasticalist last last last last last last last la	have been true (2) - Amerika 22 months of 22 months
32. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	har strandistraction to an about the said of the strandistraction of the said	transformation and manufactured or and the safety a
from Line 31)	▶ [0.00]	200.00
	- All Andrews and Andrews	A SANCORD OF THE SANC

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)	0.00	2529.05
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)		1
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE OF Use separate schedule(s) (check only one) for each category of the 11a 11b 11c 12 Detailed Summary Page 13 14 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Partners of Philadelphia, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... March and Bearly and March and Bearly and Bearly and

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE OF
TEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only		
	for each category of the Detailed Summary Page	21b	22 23	24 25 26
		27	28a 28b	28c 29 30b
Any information copied from such Reports and Staten	nents may not be sold or use	d by any perso	n for the purpose o	f soliciting contributions
or for commercial purposes, other than using the name	ne and address of any politica	al committee to	solicit contributions	from such committee.
NAME OF COMMITTEE (In Full)	Ima Dalitiaal Aation i	O = ====:44 = =		
Health Partners of Philadelphia,	inc. Political Action	Committee		•
Full Name (Last, First, Middle Initial)			<u> </u>	
1.			Date of Disburser	nent
Mailing Address				
·				Killing W. Leading Co. Michigan
City	State Zip Code			
Purpose of Disbursement	<u> </u>			
Turpose of Dispursement		- Constitution	Amount of Each I	Disbursement this Period
Candidate Name		Category/	- Arriva	
		Type		Market Market Charles
Office Sought: House Disbursen	nent For:			
Senate	Primary General			
President	Other (specify) ▼		•	
Full Name (Last, First, Middle Initial) 3.			Date of Disburser	ment
3.			FMTMT / FOT	•
Mailing Address				, , , , , , , , , , , , , , , , , , , ,
3		. 1	Garante Caracanter	branchame observed .
City	State Zip Code			
Purpose of Dishusement				
Purpose of Disbursement			Amount of Each	Disbursement this Period
Candidate Name				
		Category/ Type	Bosson Auracettaren (Hitarron Per	
Office Sought: House Disburser	nent For:			
Ii	Primary			
	Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) C.			Date of Disburse	ment
.				
Mailing Address	· · · · · · · · · · · · · · · · · · ·		M M / D	
			Considered Courts	
City	State Zip Code			
Purpose of Disbursement				
	·		Amount of Fact	Diobusoomeet this Desir I
Candidate Name	·	Catagory		Disbursement this Period
		Category/ Type		
Office Sought: House Disburser	nent For:		Propertions of Education	and and the advantage of the advanced
Senate	Primary General			
President	Other (specify) ▼			
State: District:			_	
				
SUBTOTAL of Disbursements This Page (optional)		······	Land bearing	walked Bardhard and bealess
TOTAL This passed that we have			San American	
TOTAL This Period (last page this line number only)			L	i Procedural View Procedural View Brown

Mailing Address

City

FE6AN026

HEDULE C (FEC Form : ANS	•	Use separate so for each categor Detailed Summa	y of the	PAGE OF FOR LINE 13 OF FORM 3
ME OF COMMITTEE (In Full)				
LOAN SOURCE Full Name (Last, F	First, Middle Initial)		Ele	ection: Primary General
Mailing Address				Other (specify)
City	State ZIP	Code		
Original Amount of Loan				Outstanding at Close of This P
TERMS Date Incurred MYMM / TOTA O J / TYMY TYM			est Rate	Secured: % (apr) Yes
List All Endorsers or Guarantors (i				
Full Name (Last, First, Middle In	itiai)	Name of Employe	•	
Mailing Address		Occupation		<u> </u>
Mailing Address		Occupation Amount	A A A S	
	State ZIP Code			
		Amount Guaranteed	- index	
City		Amount Guaranteed Outstanding:	- index	
City 2. Full Name (Last, First, Middle Init Mailing Address	tial)	Amount Guaranteed Outstanding: Name of Employe Occupation	ati amiliani (1).	
City 2. Full Name (Last, First, Middle Init Mailing Address		Amount Guaranteed Outstanding: Name of Employe Occupation Amount Guaranteed Outstanding:		
City 2. Full Name (Last, First, Middle Init Mailing Address	State ZIP Code	Amount Guaranteed Outstanding: Name of Employe Occupation Amount Guaranteed		
City 2. Full Name (Last, First, Middle Init Mailing Address City	State ZIP Code	Amount Guaranteed Outstanding: Name of Employe Occupation Amount Guaranteed Outstanding:		
City 2. Full Name (Last, First, Middle Init Mailing Address City 3. Full Name (Last, First, Middle Init Mailing Address	State ZIP Code	Amount Guaranteed Outstanding: Name of Employe Occupation Amount Guaranteed Outstanding: Name of Employe		

TOTALS This Period (last page in this line only)	>	
TOTALS This Period (last page in this line only)	•	
SUBTOTALS This Period This Page (optional)	>	

Occupation

Guaranteed Outstanding:

Amount

ZIP Code

State





America's Most Convenient Bank®

E 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: Sen_01/2016-Sen_30_20<u>16</u> Cust Ref#: Primary Account #:

NP Advantage Checking

HEALTH PARTNERS OF PHILADELPHIA INC FEDERAL POLITICAL ACTION COMMITTEE

ACCOUNT SUMMARY		υ	
Beginning Balance	4,191.73	Average Collected Balance 4,	191.73
		Annual Percentage Yield Earned	0.00%
Ending Balance	4 191 73	Days in Period	30

DAILY ACCOUNT ACTIVITY

No Transactions this Statement Period





How to Balance your Account

Begin by adjusting your account register 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.

- 1. Your ending balance shown on this statement is:
- 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.
- List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
- s. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

0		
Ending	4,191.73	
Balance		***
0		
Total	+	
Deposits		
•		
Ð		
Sub Total		
Sub Total		••
		-
0	-	
O Total	7	
0		
O Total	-	
O Total Withdrawais	-	-

Page:

2 of 2

DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
PULLUL III III III II II II II II II II II II		

		33.22
Total Deposits		0

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
	·	

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
Total Withdrawals		0

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 statement or write to:

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.

 Consider the area and evaluating the suspected error.

 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 Daly 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.



Fideral Election Commission) 499 E Strut, N. N. Washington DC BOHU3

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RECEIVED FEC MAIL CENTER

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING December 1. The FEC added this page to the end of this filing to indicate here.	
	Date of Receipt

Lland Dalivarad		Date of Receipt
Hand Delivered		
`	Postmarked	Date of Receipt
USPS First Class Mail	NONE	11/10/16
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 Bu	siness Day Delivery
Received from House Recor	ds & Registration Office	Date of Receipt
Received from Senate Public	c Records Office	Date of Receipt
Received from Electronic Fili	ing Office	Date of Receipt
Other (Specify):	Date	e of Receipt or Postmarked
PREPARER ()		UU 10 16