RECEIVED FEC MAIL CENTER 2015 NOV -3 AM 7:00

October 20, 2015

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 Philadelpia, Inc. Political Action Committee (FEC ID C00484246) for the period September 1, 2015 thru September 30, 2015. 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

on netta adams

2015 - 11 - 0M - 0M - 000M1494

FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS **AND DISBURSEMENTS**For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If ty		2015 NOV 2FE4M5	Art /: 00
Health Partners Of Pl	niladelphia, Inc. Po	litical Action Con	nmittee	1 1 1 1 1	
ADDRESS (number and street)	901 Market Stre	et			
Check if different than previously	Suite 500		<u> </u>	PA 119107	· · · · · · · · · · · · · · · · · · ·
reported. (ACĆ)	Philadelphia				
2. FEC IDENTIFICATION N	NUMBER ▼	CITY A	ST/	ATE A	ZIP CODE A
C 00484246	3	REPORT	NEW (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
Quarterly Report	(c) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
Quarterly Report	(Q2) Report for th	Name of the last o	on (12C)	Special (12S)	
Quarterly Report of January 31		ection on	/ 5 * 5 / Y	******	in the
Year-End Report July 31 Mid-Year Report (Non-elect Year Only) (MY)	(d) 30-Day		30G)	Runoff (30R)	Special (30S)
Termination Repo		e: ection on	/ 0 * 0 / Y		in the
5. Covering Period 6	9" / 01" / 20	15 throug	h Ö ÖÖ ′	*3f / <u>2</u> b	15
I certify that I have examined	•		nd belief it is true,	correct and comple	ete.
Type or Print Name of Treasur	rer _Ronnetta Adaı	ms			
Signature of Treasurer	Sonnetta a	dams	Date	e 10 /	20 2015
NOTE: Submission of false, erro	neous, or incomplete inform	nation may subject the	person signing this	Report to the penalt	ies of 2 U.S.C. §437g.
Office Use					C FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Report Covering the Period: From:	9 / 01 / 2015	то: 09 / 31 / 2015
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
. (a) Cash on Hand January 1, 2015		1236.14
(b) Cash on Hand at Beginning of Reporting Period	2122.18	4 · · · · · · · · · · · · · · · · · · ·
(c) Total Receipts (from Line 19)	0	2352.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2122.18	3588.50
Total Disbursements (from Line 31)	0.00	1466.32
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2122.18	
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
O. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
This committee has qualified as a multica	andidate committee, (see FEC FORM 1M)	

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

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

FEC Form 3X (Rev. 06/2004)

DETAILED SUMMARY PAGE

of Receipts

Page 3

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

Re	eport Covering the Period: From: 09	01 / 2015 T	o: 09 / 31 / 2015
	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)▶	0.00	2352.36 2352.36
	(b) Political Party Committees		
12.	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other Party Committees	0.00	2352.36
13.	All Loans Received		
	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)		
	Political Committees Other Federal Receipts (Dividends, Interest, etc.)		0.00
18.	Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)		
	(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))▶	0.00	2352.36
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	0.00	2352.36

20-5. 1-1. 0M - 0M - 000M-1400

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B
21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Total This Period	Calendar Year-to-Date
(i) Federal Share	Annual Company of the	
(ii) Non-Federal Share		
(b) Other Federal Operating		
Expenditures	0.00	216,32
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party	9.00	
Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	1250.00
24. Independent Expenditures		
(use Schedule E)		
(2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees		
(such as PACs)		And the second of the second o
(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		$(A_{ij})_{ij} = (A_{ij})_{ij} + (A_{ij})_{ij$
(from Schedule H6)		
(i) Federal Share		<u> </u>
		Committee of the second
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely		
With Federal Funds		
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))		1466.32
	[0.00]	
32. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	0.00	1466.32
	·	•

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	2352.36
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	216.32
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	216.32



America's Most Convenient Bank®

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:	Sep 01	2015-Sep	30 20	15
Cust Ref #:			-	, ,
Primary Account #.		٠٠ .		

NP Advantage Checking

HEALTH PARTNERS OF PHILADELPHIA INC FEDERAL POLITICAL ACTION COMMITTEE

ACCOUNT SUMMARY		•
Beginning Balance	2,122.18	Average Collected Balance 2,122 Annual Percentage Yield Earned 0.0
Ending Balance	2,122.18	Days in Period

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:
- 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.

1		270
	866	a (2000au)
Ending	2,122.18	
Balance		
		133333, 13
477000000000071010000000000000000000000	PROBLEM 1988	28
2		
0.433333333	88. NASSE - NASSE .	1,988888
988832683836	1986an (1986an) 1986a	
Total		38 · 10003
Deposits	are 1999 Block William P.	
Dehosita		
		827330000
Ø	98 - Miller 1786 (1986)	
	948.4.P9886D4886.	
Sub Total		38. ~W336
SUD TOTAL		
	Mana Militara di Militara	1.19800000000000000000000000000000000000
		81. Newser
	J. 1988 - 1988 - 198	88. · ******
0		
Total	19 3 886 - 1988 - 198	
	<u> </u>	
Withdrawals		
\$14000000000000000000000000000000000000	[Margar Margar 1988]	
	66 (408)664 48006667	
•	96a 146866 1766666 1	700000 (100
A		00 N N N N N N N N N N N N N N N N N N
Adjusted		
Balance	<u> </u>	
	800: 200000: 2000000	- 100 PM

Page:

2 of 2

DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
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.

 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.

France Election Commission 949 E Struc NW Washington OC 20463

(3/2015)

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. Date of Receipt **Hand Delivered** Postmarked Date of Receipt **USPS First Class Mail** 10/28/15 Postmarked (R/C) USPS Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): PRFPARE DATE PREPARED