RECEIVED FEC MAIL CENTER 2015 OCT 13 AM 11: 25

September 17, 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 August 1, 2015 thru August 31, 2015. You may contact me at 215.991.4419 or <a href="mailto:radams@hpplans.com">radams@hpplans.com</a> if you have any questions concerning this form.

Sincerely,

**Ronnetta Adams** 

**Treasurer** 

Health Partners Inc PAC

Sonnetta adams

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

FEC MAIL CENTER

2015 OC Jule Juse PONY 1. 25

I. NAME OF COMMITTEE (in full)

20-5 · 10 · 13 · 03 · 00026496

FE6AN026

TYPE OR PRINT ▼

Example: If typing, type over the lines

12FE4M5

COMMITTEE (IN TUIL)		over the lines.	<b>L</b>	<del></del>	
Health Partners Of Philac	lelphia, Inc. Politic	al Action Com	mittee	<u></u>	
		<u> </u>	1 1 1 1		
ADDRESS (number and street)	01 Market Street	1 1 1 1 1 1 1		1 1 1 1 1 1	1 1 1 1 1 1 1
▼ `	uite 500	<u> </u>	<del> </del>		_ <del></del>
Check if different	hiladelphia , , ,		, , <u>, , , , , , , , , , , , , , , , , </u>	PA   19107	<del>, , , , , , , , , , , , , , , , , , , </del>
	CIT	······································		 .atc.	71D CODE :
2. FEC IDENTIFICATION NUME	BER ▼ CIT	T A		ATE A	ZIP CODE A
C 00484246	<b>3</b>	THIS EPORT	NEW (N) <b>OR</b>	(A)	)
4. TYPE OF REPORT (Choose One)	Report	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 (Q1)	(c) 12-Day	Primary (12	2P)	General (12G)	Runoff (12R)
July 15 Quarterly Report (Q2)	PRE-Election Report for the:	Convention	(12C)	Special (12S)	
October 15 Quarterly Report (Q3)					
January 31 Year-End Report (YE)	Electio	n on			in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30	OG)	Runoff (30R)	Special (30S)
Termination Report (TER)	Report for the:	H · H	/ <b>0 0</b> / Y		in the
((	Electio	n on			State of
5. Covering Period 08	01 2015	through	08	31 / 20	015
I certify that I have examined this F	leport and to the best of	my knowledge and	belief it is true,	correct and compl	ete.
Type or Print Name of Treasurer	Ronnetta Adams	· · · · · · · · · · · · · · · · · · ·	·· · · · · · · · · · · · · · · · · · ·		
Signature of Treasurer	mnetta Ada	ms	Dat	e 08 /	20 / 2015
NOTE: Submission of false, erroneous	, or incomplete information	may subject the pe	erson signing this	Report to the pena	lties of 2 U.S.C. §437g.
Office Use Only				FE	C FORM 3X Rev. 12/2004

# 2015-10-13-03-00026497

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

W	rite or Type Committee Name Health Partners of Philadelph	nia, Inc. Political Action Committee	е
R	eport Covering the Period: From: 0	8 / 01 / 2015 To	o: 08 / 31° / 2015
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1,  2015		1236.14
	(b) Cash on Hand at Beginning of Reporting Period	1178.13	
	(c) Total Receipts (from Line 19)	944.05	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
7.	Total Disbursements (from Line 31)	0.00	1466.32
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2122.18	2122.18
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)		
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
Lanca Maria	This committee has qualified as a multication	andidate committee. (see FEC FORM 1M)	
	<del></del>	For further information contact:	
		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:	3 / 01° / 2015 To:	(08) ( 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)▶	944.05	2352.36 2352.36
	(b) Political Party Committees		
12.	Totals to Line 33, page 5)	944.05	2352.36
13.	All Loans Received		
15.	Loan Repayments Received		
17.	to Federal Candidates and Other 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)		
	T. 10		
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	944.05	2352.36
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	944.05	2352.36

20-5 - 10 - 1N - 0M - 00026498

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	
(ii) Non-Federal Share	
(b) Other Federal Operating	
Expenditures	216.32.
(c) Total Operating Expenditures	
(add 21(a)(i), (a)(ii), and (b))	216.32
Committees	
23. Contributions to Federal Candidates/Committees	Constitution of the second
and Other Political Committees	1250.00
24. Independent Expenditures	
(use Schedule E)	
26. Loan Repayments Made	
27. Loans Made	
(b) Political Party Committees	
(c) Other Political Committees	
(such as PACs)	22
(d) Total Contribution Refunds	
(add Lines 28(a), (b), and (c)),	
29. Other Disbursements	23. 1. 1. 1. 1.
30. Federal Election Activity (2 U.S.C. §431(20))	<i>.</i>
(a) Allocated Federal Election Activity	
(from Schedule H6)	
(i) Federal Share	
(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))▶	2-5-5-50-5
31. Total Disbursements (add Lines 21(c), 22,	
23, 24, 25, 26, 27, 28(d), 29 and 30(c)) 0.00	1466.32
32. Total Federal Disbursements	
(subtract Line 21(a)(ii) and Line 30(a)(ii)	•
from Line 31)	1466.32

(subtract Line 37 from Line 36) ......

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 COLUMN A COLUMN B III. Net Contributions/Operating Ex-**Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) (from Line 11(d), page 3) ...... 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 0.00(add Line 21(a)(i) and Line 21(b)) ........ ▶ 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures 0.00

		nd Statements may not be sold or used by any person the name and address of any political committee to	
	NAME OF COMMITTEE (In Full) Health Partners of Phil	adelphia, Inc. Political Action Commi	ttee
А.	Full Name (Last, First, Middle Initial)		Date of Receipt
м.	Mailing Address	· ·	Mam / Dab / Yavav
	City	State Zip Code	
		CHARLES THE SOLI AND STATE OF SOLI AND STATE OF SOLID	Amount of Each Receipt this Perio
	FEC ID number of contributing federal political committee.	C	
	Name of Employer	Occupation	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)		
В.	Full Name (Last, First, Middle Initial)	<del></del>	Date of Receipt
ъ.	Mailing Address	·	Date of Receipt
	City	State Zip Code	
	FFC ID number of postribution		Amount of Each Receipt this Perio
	FEC ID number of contributing federal political committee.		
	Name of Employer	Occupation	
	Receipt For:	Aggregate Year-to-Date ▼	•
	Primary		,
<u> </u>	Full Name (Last, First, Middle Initial)		Date of Daniet
U.	Mailing Address		Date of Receipt
	City	State Zip Code	A Company of the Comp
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Perio
	Name of Employer	Occupation	
	Receipt For:  Primary General	Aggregate Year-to-Date ▼	
	Other (specify) $\blacktriangledown$		

SUBTOTAL of Receipts This Page (optional)....

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

FOR LINE NUMBER:

11b

14

(check only one)

11a

13

Use separate schedule(s)

for each category of the Detailed Summary Page

PAGE

11c

15

OF

12

16

# 2015 - 10 - 1M - 0M - 00026502

# SCHEDULE B (FEC Form 3Y)

SCHEDOLL B (I LO I OIIII OX)	Use separate schedule(s)	FOR LINE NUMBER: PAGE OF			
ITEMIZED DISBURSEMENTS	for each category of the	(check only one) 21b 22 23 24 25 26			
	Detailed Summary Page	27 28a 28b 28c 29 30l			
Any information capied from such Panads and S	tatements may not be sold or used	d by any person for the purpose of soliciting contributions			
		Il committee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)					
Health Partners of Philadelph	nia, Inc. Political Action (	Committee			
/					
Full Name (Last, First, Middle Initial)		Date of Dishursomest			
Α.		Date of Disbursement			
Mailing Address					
City	State Zip Code				
D					
Purpose of Disbursement		Amount of Each Disbursement this Period			
Candidate Name	•	Category/ Type			
Office Sought: House Disb	ursement For:	Type			
Senate	Primary General				
President	Other (specify)				
State: District:					
Full Name (Last, First, Middle Initial)		But of Bill manual			
В.		Date of Disbursement			
Mailing Address					
Maining Fladress		beautional backband backbandane			
City	State Zip Code				
Purpose of Disbursement	Duran of Diabura mant				
Fulpose of Disbulsement		Amount of Each Disbursement this Period			
Candidate Name					
		Category/ Type			
Office Sought: House Disb	ursement For:				
Senate	Primary General				
State: District:	X Other (specify) ▼				
Full Name (Last, First, Middle Initial)	· · · · · · · · · · · · · · · · · · ·				
C.		Date of Disbursement			
		MAN / DAD / AAAAAA			
Mailing Address					
City	State Zip Code				
Purpose of Disbursement					
Condidate Name	Amount of Each Disbursement this Period				
Candidate Name	Category/				
Office Sought: House Disb	ursement For:	Type			
Senate	Primary General				
President	Other (specify)				
State: District:					
SUBTOTAL of Disbursements This Page (option	nal)				
TOTAL This Doried (leat sees this lies as	only)				
TOTAL This Period (last page this line number	oniy)				

HEDULE C (FEC For	<b></b> ,		Use separate sche	edule(s)	PAGE	OF
DANS		for each category	for each category of the Detailed Summary Page		FOR LINE 13 OF FORM 3X	
ME OF COMMITTEE (In Full)			Botaliou Guillinary		: <u> </u>	
•						•
LOAN SOURCE Full Name (L	ast, First, Mi	ddle Initial)		E	ection:	
				1 -	Primary General	
Mailing Address	<del></del>				Other (specify)	
walling Address						
City		State Z	IP Code		<del></del>	
Original Amount of Loan		Cumulative Paymo	ent To Date	Balance	Outstanding at	Close of This P
	Secondary Comme	landlandar Amerika		7		
					<u> </u>	
TERMS Date Incurred		Date	Due Interes	t Poto		Secured:
Date incured	****	HTH / DTD	, vary vary	Trate		Secured.
	0				% (apr)	Yes
List All Endorsers or Guarant	ors (if anv)	to Loan Source		<del></del>	•	
1. Full Name (Last, First, Mide			Name of Employer			
Mailing Address			Occupation		···	
• .			A			
City	State	ZIP Code	Amount Guaranteed			
· · · · · · · · · · · · · · · · · · ·					- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Andrea de la constante de la c
2. Full Name (Last, First, Midd	le Initial)		Name of Employer		<del></del>	
					<del></del>	
Mailing Address			Occupation			
			Amount	)		
City	State	ZIP Code	Guaranteed			
			outstanding: —	3(7)		. <del> </del>
3. Full Name (Last, First, Midd	le Initial)		Name of Employer		- :	
Mailing Address		<del></del>	Occupation			
			0000,2		•	
				Arra Grandle		
City	State	ZIP Code	Guaranteed Outstanding:	3	<u> </u>	
4. Full Name (Last, First, Midd	le Initial)		Name of Employer			
4. Ton Hame (Last, First, Wilde	io iriidal)		Name of Employer			
Mailing Address			Occupation		<del></del>	
City	State	ZIP Code				
City	State	ZIP Code	Guaranteed Outstanding:			
<del></del>						
			•			eren a de la caracia esta esta esta esta esta esta esta est
UBTOTALS This Period This Pa	ge (optional)	<u> </u>	······································			
OTALS This Period (last page in	this line	-		and the same		
ו last page ול renou (last page)	i una mie ou	у)	······································	La		



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: Cust Ref #:

Statement Period: Aug 01 2015-Aug 31 2015 4250500703-420-E-###

Primary Account #:

NP Advantage Checking

HEALTH PARTNERS OF PHILADELPHIA INC FEDERAL POLITICAL ACTION COMMITTEE

Account #2

ACCOUNT SUM	MARY			
Beginning Balance Deposits		1,178.13 944.05	Average Collected Balance Annual Percentage Yield Earned Days in Period	2,061.27 0.00% 31
Ending Balance	•	2,122.18	<b>,</b>	
DAILY ACCOUN	T ACTIVITY			
Deposits POSTING DATE	DESCRIPTION			AMOUNT
8/3	DEPOSIT			944.05
			Subtotal:	944.05

DAILT BALANCE SUMINI	AKT
DATE	BALANCE
7/31	1,178.13
8/3	2,122.18

## 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

0					
Ending		2,1	22.1	3	
Balance	<u> </u>	80000000000000000000000000000000000000			
			674	Marie P	
0.0000000000000000000000000000000000000			880) - N		7888
9					
- 2000000000000000000000000000000000000					
Total		\$.H\$			
Deposits					
0	**************************************				<b>38.7</b>
Sub Total			999). 1860: Sangr		
				ii 10	
9					
Total	-				******
Withdrawals			<u> </u>		
withidiawat					
		1. NS			
6					
- 2008/88/2020/88/2020					
Adjusted					
Balance		1996-61 <sup>77</sup> 1996-61	120000000 2000000	e Chinada Company	
			98 W	San P	

Page:

2 of 2

OEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
Total Deposits		0

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
		7
		<del></del>

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

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.





Romata adams opposition with the government of Boldon Market Street St Boldon Lake Street St Boldon Lake Street St Boldon Lake Street St Boldon Lake 19107-44%

2015 OCT 13

Federal Electron Commun. 999 E. Street, N.W. Washington Dc 20463

# **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** 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):

(3/2015)