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January 28, 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 Philadelpia, Inc. Political Action Committee (FEC ID C00484246) for the period December 1, 2015 thru December 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

onnetta adams

# 2046 - 02 - 09 - 0M - 00049542

**FEC** FORM 3X

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

RECEIVED FEC MAIL CENTER

**FEC FORM 3X** 

Rev. 12/2004

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Healt	h Partners	Of Philad	elphia, Ir	nc. Politica	I Actio	n Com	mittee			<u> </u>	
ADDRES	S (number and	190	01 Marke	et Street	<u> </u>	· 1 1 1		<u> </u>		<u> </u>	
	Check if diffe than previous reported. (AC	rent S	uite 500 hiladelph	ia				PA	19107		
2. <b>FEC</b>	DENTIFICA	TION NUMB	ER 🔻	CITY	<b>( _</b>			STATE		ZIP COE	DE 🛦
С	00484246		]	3. IS RE	THIS EPORT	X	NEW (N) OR		AMENDED (A)		
(Cho	July 15 Quarterly October 1 Quarterly January 3 Year-End July 31 M Report (N Year Only	Report (Q1) Report (Q2) I5 Report (Q3) B1 Report (YE) Mid-Year Ion-election	(d) 30-1	Apr 2 Day E-Election out for the:		Primary (12 Convention General (3)	(12C)	) [] Ge	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) eneral (12G) pecial (12S) unoff (30R)	in the State of	Special (30S)
I certify t	ering Period  hat I have exemple of the of the ofference	Treasurer	Ronnett	2015 the best of range and Adams		through	belief it is	Ž / 3	ect and comple	15 te.	<sup>^</sup> 2016 <sup>^</sup>
NOTE: S	ubmission of fa	lse, erroneous	, or incomple	ete information	may sub	ject the po	erson signing	this Repo	ort to the penalti	es of 2 l	J.S.C. §437g.

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Use

Only

## 2016 · 02 · 09 · 0M · 0004951M

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC FORM 3X (Hev. 02/2003)		Page Z
W	Vrite or Type Committee Name Health Partners of Philadelp	ohia, Inc. Political Action Committee	9
R	eport Covering the Period: From:	12 ' 01 ' 2015 <sub>To</sub>	o: 12 / 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	3112.68	
	(c) Total Receipts (from Line 19)	0.00	3342.86
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3112.68	4579.00
	Total Disbursements (from Line 31)	0.00	1466.32
_	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3112.68	31,12.6
	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)		
 Э.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
	This committee has qualified as a mult	icandidate committee. (see FEC FORM 1M)	
		For further information contact:	
		Federal Election Commission 999 E Street, NW Washington, DC 20463	
		Toll Free 800-424-9530	

## 016 02 09 05 00049514

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name Health Partners Of Philadelphia, Inc. Political Action Committee 2015 **3**1° 2015 Report Covering the Period: From: . To: **COLUMN B COLUMN A** I. Receipts Calendar Year-to-Date **Total This Period** 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)..... 3342.86 0.00(ii) Unitemized ... (iii) TOTAL (add 0.00 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 0.00Totals to Line 33, page 5) ...... 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans 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 0.00(Dividends, Interest, etc.)..... 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 20. Total Federal Receipts 0.00 (subtract Line 18(c) from Line 19) .......▶

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

sbursements

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
٠.	(i) Federal Share	manufacture of the supplication of the supplic	
	(ii) Non-Federal Share		
	(b) Other Federal Operating		
	Expenditures	0.00	216.32
	(c) Total Operating Expenditures		Control of the Contro
	(add 21(a)(i), (a)(ii), and (b))▶	0.00	216.32
22.	Transfers to Affiliated/Other Party Committees		Security seastly say and sees at hydracid as not transfer and transfer as a few seast and a seast and a seast a
23.	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	1250.00
	Independent Expenditures		
25.	(use Schedule E)		
	(use ochequie i )		
26.	Loan Repayments Made		
	Loans Made		
•	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)	477	h de Chalender de Chalender de Chalender
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		
	(444 2446 25(2), (2), 444 (2),		
29.	Other Disbursements		
30.	Federal Election Activity (2 U.S.C. §431(20))  (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))▶		
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)	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	3342.86	
34. Total Contribution Refunds (from Line 28(d))	And the second s	nowethern them of our less of construction who exhibition the se	
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)		the control of the co	
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)		hara to continue the sand the sand and the sand and	
38. Net Operating Expenditures (subtract Line 37 from Line 36)		considerant man Procedure Considerant Cons	

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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 Statement or for commercial purposes, other than using the name at NAME OF COMMITTEE (In Full)  Health Partners of Philadelphia	and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.	
/	, inc. i ontical Action Com	Tittlee	
Full Name (Last, First, Middle Initial)  A.		Date of Receipt	
Mailing Address			
City Stat	e Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.			
Name of Employer Occup	pation		
Receipt For:  Primary General  Other (specify) ▼	egate Year-to-Date ▼		
Full Name (Last, First, Middle Initial)  B.		Date of Receipt	
Mailing Address		Date of Receipt	
City Stat	te Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.			
Name of Employer Occup	pation		
Drimary   Canaral	egate Year-to-Date ▼		
Full Name (Last, First, Middle Initial) C.		Date of Receipt	
Mailing Address	to Zin Code	MAN / DAD / AAAA	
City Stat	te Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.			
Name of Employer Occup	pation		
Receipt For:  Primary General  Other (specify) ▼	egate Year-to-Date ▼		
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			

2016 16
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## SCHEDULE B. (FEC Form 3X)

SCHEDOLL B (I LO I OIIII 5X)	FOR LINE NUMBER: PAGE OF		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 21b 22 23 24 25	
		27 28a 28b 28c 29	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	ents may not be sold or used and address of any political	I by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)			
Health Partners of Philadelphia,	Inc. Political Action C	Committee	
Full Name (Last, First, Middle Initial)  A.		Date of Disbursement	
		NAW / DAD / AAAAAAA	
Mailing Address			
City	State Zip Code		
Purpose of Disbursement	Г	Amount of Each Disbursement this Period	
Candidate Name	<b>L</b>	Category/ Type	
Office Sought: House Disbursem	nent For:	Committee of A. Street Lands (A. Street School Committee	
i	Primary ☐ General Other (specify) ▼		
State: District:	Omer (specify)		
Full Name (Last, First, Middle Initial)			
В.		Date of Disbursement	
Mailing Address			
City	State Zip Code		
Purpose of Disbursement	Purpose of Disbursement		
Candidate Name	l	Amount of Each Disbursement this Perio	
		Category/ Type	
Office Sought: House Disbursem			
	Primary General  Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) C.		Date of Disbursement	
		MYM / DED / VEVEVE	
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			
Candidate Name	Amount of Each Disbursement this Perior Category/ Type		
Office Sought: House Disbursen	nent For:		
	Primary General		
State: District:	Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only).			



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STATEMENT OF ACCOUNT

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

Page:

Statement Period: Dec 01 2015-Dec 31 2015

Cust Ref#:

4250500703<u>-</u>420<u>-</u>E-###

Primary Account #:

NP Advantage Checking

HEALTH PARTNERS OF PHILADELPHIA INC FEDERAL POLITICAL ACTION COMMITTEE Account #

ACCOUNT SUMMARY			
Beginning Balance	3,112.68	Average Collected Balance Annual Percentage Yield Earned	3,112.68 0.00%
Ending Balance	3,112.68	Days in Period	31

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:
- 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	3,112.68
Balance	
<b>2</b>	
Total	•
Deposits	
0	
Sub Total	
0	
Total	-
Withdrawals	
_	
<b>6</b> Adjusted	
Ratance	

Page:

2 of 2

DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
Total Deposits		3

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
Total Withdrawals		9

### 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.

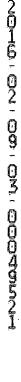
  Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

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.

Fideral Election Commission 199 F. Street, N. W 199 F. Street, D.C. 20463

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USPS Priority Mail Express	Postmarked	
Postmark Illegible		
No Postmark		
Overnight Delivery Service (Specify):	Shipping Date	
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Received from House Records & Registration Office	Date of Receipt	
Received from Senate Public Records Office	Date of Receipt	
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Other (Specify):	eceipt or Postmarked	
PREPARER ()	7/9/16 DATE PREPARED	
(3/2015)	DATE PREPARED	