

Health Partners Plans

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2021 JAN 28 AM 8:51

January 4, 2021

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

Dear Madam or Sir,

Enclosed please find Health Partners Plans, Inc. Political Action Committee (FEC ID C00484246) Report of Receipts and Disbursements (Form 3X) for the period of October 1, 2020 through December 31, 2020.

If you have any questions or need additional information, please contact me at (215) 991-4139 or [jdodi@hpplans.com](mailto:jdodi@hpplans.com).

Sincerely,

Joe Dodi  
Treasurer  
Health Partners Plans PAC

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

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1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Health Partners Plans, Inc. Political Action Committee

ADDRESS (number and street) 901 Market Street Suite 500 Philadelphia PA 19107

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE 00484246 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 Year-End Report (YE) [X] (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 10 / 01 / 2020 through 12 / 31 / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Joe Dodi

Signature of Treasurer Date 01 / 04 / 2021

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

Office Use Only table with 7 columns and 1 row. FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
**Health Partners Plans, Inc. Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

|   | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|---|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2020"/>   | <input type="text" value="15,507.46"/> | <input type="text" value="15,507.46"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....   | <input type="text" value="15,507.46"/> |  |
| (c) Total Receipts (from Line 19).....  | <input type="text" value="0.00"/>      | <input type="text" value="0.00"/>      |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....             | <input type="text" value="15,507.46"/> | <input type="text" value="15,507.46"/> |
| 7. Total Disbursements (from Line 31).....  | <input type="text" value="0.00"/>      | <input type="text" value="0.00"/>      |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                        | <input type="text" value="15,507.46"/> | <input type="text" value="15,507.46"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | <input type="text" value=""/>          |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | <input type="text" value=""/>          |  |

This committee has qualified as a multicandidate 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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name  
**Health Partners Plans, Inc. Political Action Committee**

Report Covering the Period: From: MM / DD / YYYY 10 / 01 / 2020 To: MM / DD / YYYY 12 / 31 / 2020

**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 .....   | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 0.00 | 0.00 |
| (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).....▶  | 0.00 | 0.00 |
| 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 (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 | 0.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 0.00 | 0.00 |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  |                               |                                   |
| (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                          | 0.00                              |
| 22. Transfers to Affiliated/Other Party Committees.....  |                               |                                   |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 0.00                              |
| 24. Independent Expenditures (use Schedule E) .....  |                               |                                   |
| 25. Coordinated Party Expenditures (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).....   |                               |                                   |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            |                               |                                   |
| 29. Other Disbursements .....  | 0.00                          | 0.00                              |
| 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                          | 0.00                              |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 0.00                          | 0.00                              |





**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

|   |                                      |                              |                              |                              |                             |                              |      |    |
|---|--------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|------|----|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                              |                              |                              |                             |                              | PAGE | OF |
|   | <input type="checkbox"/> 21b         | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |      |    |
|   | <input type="checkbox"/> 27          | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |      |    |

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 Plans, Inc. Political Action Committee**

|  |   |   |  |
|--|---|---|--|
| Full Name (Last, First, Middle Initial)  |   | Date of Disbursement                    |  |
| Mailing Address  |   | M M / D D / Y Y Y Y Y Y                 |  |
| City   | State   | Zip Code                                |  |
| Purpose of Disbursement  | Candidate Name  | Amount of Each Disbursement this Period |  |
| Category/Type  |   |   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |
| State: _____   | District: _____   |   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)  |  | Date of Disbursement                    |  |
| Mailing Address  |  | M M / D D / Y Y Y Y Y Y                 |  |
| City   | State  | Zip Code                                |  |
| Purpose of Disbursement  | Candidate Name   | Amount of Each Disbursement this Period |  |
| Category/Type  |  |   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼ |   |  |
| State: _____   | District: _____  |   |  |

|  |   |   |  |
|--|---|---|--|
| Full Name (Last, First, Middle Initial)  |   | Date of Disbursement                    |  |
| Mailing Address  |   | M M / D D / Y Y Y Y Y Y                 |  |
| City   | State   | Zip Code                                |  |
| Purpose of Disbursement  | Candidate Name  | Amount of Each Disbursement this Period |  |
| Category/Type  |   |   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |
| State: _____   | District: _____   |   |  |

|   |   |  |
|---|---|--|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | ▶ |  |
| <b>TOTAL</b> This Period (last page this line number only)..... | ▶ |  |

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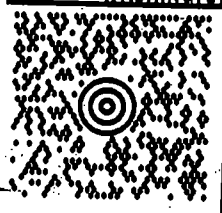
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WASHINGTON DC 20463

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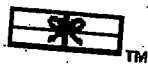


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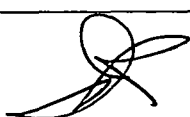
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