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 November 1, 2017 thru November 30, 2017. 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** 

# 2018 - 01: 28: 08: 00186656

FEC FORM 3X

Office

Use

Only

FE6AN026

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

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**FEC FORM 3X** 

Rev. 12/2004

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NAME OF     COMMITTEE (in full)	TYPE OR PRINT	Example: If over the line	typing, type	ŽFĚ4M5	
Health Partners Of Ph	iladelphia, Inc.	Political Action Co	mmittee		:.
<u> </u>		1 1 1 1 1 1 1 1			
ADDRESS (number and street)  Check if different than previously reported. (ACC)	901 Market Suite 500			PA 19107	
2. FEC IDENTIFICATION N	UMBER ▼	CITY A	S1	TATE A	ZIP CODĘ ▲
C 00484246		3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Caparity Report (Caparity Report (Caparity Report (Caparity Report (Caparity Report (Caparity Report (Non-election Year Only) (MY)  Termination Report (TER)	Q2) Report Q3) (d) 30-Day POST- Report	ection for the: Conven	(30G) (12C)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S) Runoff (30R)	Nov 20 (M11) (Non-Election Year Only)  Dec 20 (M12) (Non-Election Year Only)  Jan 31 (YE)  Runoff (12R)  in the State of  Special (30S)  in the State of
5. Covering Period 1	1 01 ′	2017 throu	ıgh 11	′ 30° ′ 20	17
I certify that I have examined the Type or Print Name of Treasure			and belief it is true	e, correct and comple	te.
Signature of Treasurer			Da	te 12 2	2017
NOTE: Submission of false, error	neous, or incomplete	information may subject the	person signing this	s Report to the penalti	es of 2 U.S.C. §437g.

# 2018 - 01 - 25 - 08 - 00186677

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

	TEO TOMITON (NOV. OZIZOGO)		
	Vrite or Type Committee Name Health Partners of Philadelph	nia, Inc. Political Action Committee	9
Я	Report Covering the Period: From:	1 01 2017 To	o: 11 / 30 / 2017
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1,  2017	·	4803.23
	(b) Cash on Hand at  Beginning of Reporting Period	8116.73	
	(c) Total Receipts (from Line 19)	0.00	3313.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	8116.73	8116.73
7.	Total Disbursements (from Line 31)	0.00	0.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8116.73	8116.73
9.	Debts and Obligations Owed TO 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)		-
	This committee has qualified as a multica	andidate 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

Page 3

FEC Form 3X (Rev. 06/2004)

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

Report Covering the Period: From:	1 / 01 / 2017 To	o: 11 / 30° / 2017
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	455.00	3313.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	455.00	3313.50
(b) Political Party Committees (c) Other Political Committees (such as PACs)		
<ul><li>(d) Total Contributions (add Lines</li><li>11(a)(iii), (b), and (c)) (Carry</li><li>Totals to Line 33, page 5)</li></ul>	455.00	3313,50
12. Transfers From Affiliated/Other Party Committees		77. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
13. All Loans Received		
<ul><li>14. Loan Repayments Received</li><li>15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)</li></ul>		
(Carry Totals to Line 37, page 5)		
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0.00
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))▶	455.00	3313.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	455.00	3313.50

FEC Form 3X (Rev. 02/2003)

# **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		The state of the s
	(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		
23	Committees Contributions to		
~0.	Federal Candidates/Committees	0.00	0.00
24	and Other Political Committees  Independent Expenditures		
24.	(use Schedule E)		
25.	Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
00	Land Danis marks Made		
26.	Loan Repayments Made		
27	Loans Made		
	Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees		
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)		<u> </u>
		The second of th	
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		
	Ou Pil		
29.	Other Disbursements		
20	Endoral Floation Activity (2.11.5.0. \$431/20)		
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))▶		
٠.	T. ( D) ( ) ( ) ( ) ( )		
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	U.UU
30	Total Federal Disbursements	5.	The second secon
٥۷.	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	^ ^^	0.00
		0.00	

# **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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	455.00	3313.50
4. Total Contribution Refunds (from Line 28(d))		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00.
7. Offsets to Operating Expenditures (from Line 15, page 3)		
8: Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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 Statements or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full)  Health Partners of Philadelphia,	nd address of any political committee	to solicit contributions from such committee.
Primary General Other (specify) ▼		Date of Receipt  Amount of Each Receipt this Period
Primary General		Date of Receipt  Amount of Each-Receipt this Period
Primary General Other (specify) ▼		Date of Receipt  Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number only)		

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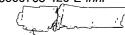
SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:	PAGE OF
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		Detailed Summary Page	21b 27	22 23 28a 28b	24 25 26 28c 29 30b
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TOTAL This Period (last page t	nis line number only)		·····		



STATEMENT OF ACCOUNT

HEALTH PARTNERS OF PHILADELPHIA INC FEDERAL POLITICAL ACTION COMMITTEE 901 MARKET ST STE 500 PHILADELPHIA PA 19107 Page: Statement Period: Cust Ref #: 1 of 2 Nov 01 2017-Nov 30 2017 4250500703-420-E-###

Primary Account #:



# **NP Advantage Checking**

HEALTH PARTNERS OF PHILADELPHIA INC FEDERAL POLITICAL ACTION COMMITTEE

ACCOUNT SUMMARY			
Beginning Balance	8,116.73	Average Collected Balance	8,116.73
·		Interest Earned This Period	0.00
Ending Balance	8,116.73	Interest Paid Year-to-Date	0.00
•		Annual Percentage Yield Earned	0.00%
		Days in Period	30

Ε

# 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 balance.

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DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS	
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Total Deposits		9	

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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 (elephone 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.





FEC MAIL CENTER
2018 JAN 23 AM 10: 01

Feleral Election Commune 499 E. Struct, N.W. Washungton, DC 28463 E

or naumo 411 Market Strut Ste 50 Openedlyna Or 19107

2018 · 01 · 28 · 08 · 00100645

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.				
Hand Delivered	Date of Receipt			
Postmarked USPS First Class Mail	Date of Receipt			
USPS Registered/Certified	Postmarked (R/C)			
USPS Priority Mail	Postmarked			
USPS Priority Mail Express	Postmarked			
Postmark Illegible				
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Overnight Delivery Service (Specify):	Shipping Date			
Next Busine	ess Day Delivery			
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Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): 01-23-8018 DATE PREPARED (3/2015)