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November 4, 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 Philadelphia, Inc. Political Action Committee (FEC ID C00484246) for the period October 1, 2016 thru October 31, 2016. You may contact me at 215.991.4419 or [radams@hpplans.com](mailto:radams@hpplans.com) if you have any questions concerning this form.

Sincerely,



Ronnetta Adams  
Treasurer  
Health Partners Inc PAC

2016-11-08 09:00 AM



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="3112.68"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="4191.73"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="611.50"/>	<input type="text" value="3140.55"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="4803.23"/>	<input type="text" value="6253.23"/>
7. Total Disbursements (from Line 31).....		<input type="text" value="1450.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4803.23"/>	<input type="text" value="4803.23"/>
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 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 Of Philadelphia, Inc. Political Action Committee**

Report Covering the Period: From: **10 / 01 / 2016** To: **10 / 31 / 2016**

**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.....	611.50	3140.55
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	611.50	3140.55
(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).....▶	611.50	3140.55
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	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)).....▶	611.50	3140.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	611.50	3140.55

NON-FEDERAL RECEIPTS





**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE		OF	
<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17	

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 of Philadelphia, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)		Date of Receipt	
A. Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City State Zip Code		Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. <input type="text"/>		<input type="text"/>	
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
<input type="text"/>		<input type="text"/>	

Full Name (Last, First, Middle Initial)		Date of Receipt	
B. Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City State Zip Code		Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. <input type="text"/>		<input type="text"/>	
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
<input type="text"/>		<input type="text"/>	

Full Name (Last, First, Middle Initial)		Date of Receipt	
C. Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City State Zip Code		Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. <input type="text"/>		<input type="text"/>	
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
<input type="text"/>		<input type="text"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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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: 1 of 2  
Statement Period: Oct 01 2016-Oct 31 2016  
Cust Ref #: [REDACTED]  
Primary Account #: [REDACTED]

**NP Advantage Checking**

HEALTH PARTNERS OF PHILADELPHIA INC  
FEDERAL POLITICAL ACTION COMMITTEE

**ACCOUNT SUMMARY**

Beginning Balance	4,191.73	Average Collected Balance	4,428.43
Deposits	611.50	Annual Percentage Yield Earned	0.00%
Ending Balance	4,803.23	Days in Period	31

**DAILY ACCOUNT ACTIVITY**

**Deposits**

POSTING DATE	DESCRIPTION	AMOUNT
10/20	DEPOSIT	611.50
	Subtotal:	611.50

**DAILY BALANCE SUMMARY**

DATE	BALANCE
9/30	4,191.73
10/20	4,803.23

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to [www.tdbank.com](http://www.tdbank.com)

20161031 10:00:00 AM

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R. Adams  
901 Market Street  
Ste 500  
Philadelphia PA 19107

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



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Federal Election Commission  
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<input checked="" type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER  
(3/2015)



12/8/16  
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